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# BASE HOSPITAL No. 9
# A. E. F.

*A History of the Work of the*
*New York Hospital Unit*
*During Two Years of Active Service*

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TO

THE OFFICERS, NURSES, AND ENLISTED MEN OF THE UNIT
WHO DESERVE HIGHEST PRAISE FOR THE WORK
DONE, THE SPIRIT SHOWN IN DOING IT,
AND THE RESULTS ACHIEVED,

THIS BOOK IS
DEDICATED

# FOREWORD.

To write a complete history of the Unit which went out from the New York Hospital to serve in the Great War would require superhuman genius. An all-seeing eye, an all-hearing ear, an ever-flowing pen and a sleepless body would be only a partial equipment for the task. From the day that the organization mobilized until the time when it heard the joyful words, "Well done thou good and faithful servant, enter thou into the joys of civilian life" things were happening both day and night. Many of these things have never been recorded. Many were known only to a few, many are known only as rumors and many are family secrets and never should be told. However, some things should be known and these things the historian will record as facts in this book.

The material has been gathered from personal observation and a "war regulation diary," from reports supplied by the heads of the different departments, from the file in the hospital office and from various memoranda that chanced into the writer's hand.

To Dr. G. W. Zulauf, who assisted in the collecting of the material, and to Dr. Ralph Stillman, who read and offered valuable criticism and suggestions, I am deeply grateful.

RAYMOND SHILAND BROWN.

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## HOSPITAL PERSONNEL.

## THE ORIGINAL UNIT. (OFFICERS)

| | |
|---|---|
| Capt. Arthur N. Tasker (Lt. Col.) | M.C. U.S.A. |
| Major Charles L. Gibson . . | M.C. U.S.A. |
| Major Eugene H. Pool (Lt. Col.) | M.C. U.S.A. |
| Capt. George W. Hawley (Lt. Col.) | M.C. U.S.A. |
| Capt. James P. Erskine (Major) . | M.C. U.S.A. |
| Capt. G. W. Zulauf . . . . . | M.C. U.S.A. |
| Capt. Francis W. Shine (Major) . | M.C. U.S.A. |
| Capt. William J. Elser (Lt. Col.) . | M.C. U.S.A. |
| Capt. Archibald H. Busby (Major) | M.C. U.S.A. |
| Capt. John D. Gould (Major) . | Q.M.C. U.S.A. |
| Capt. Burton J. Lee (Lt. Col.) . | M.C. U.S.A. |
| 1st Lieut. James M. Kent (Major) | M.C. U.S.A. |
| 1st Lieut. P. A. Dineen . . . | M.C. U.S.A. |
| 1st Lieut. Robert D. Schrock (Major) | M.C. U.S.A. |
| 1st Lieut. Edward Cussler (Major) | M.C. U.S.A. |
| 1st Lieut. Ralph G. Stillman (Major) | M.C. U.S.A. |
| 1st Lieut. Richmond Stephens (Capt.) | M.C. U.S.A. |
| 1st Lieut. Frank E. Adair (Capt.) . | M.C. U.S.A. |
| 1st Lieut. Louis B. Chapman (Major) | M.C. U.S.A. |
| 1st Lieut. F. J. Echeverria (Capt.) | M.C. U.S.A. |
| 1st Lieut. Richard W. Bolling (Major) | M.C. U.S.A. |
| 1st Lieut. Allison H. Dugdale . | M.C. U.S.A. |
| 1st Lieut. Alexander Williamson | M.C. U.S.A. |
| 1st Lieut. Thomas K. Davis (Capt.) | M.C. U.S.A. |
| 1st Lieut. John B. Watson . . | M.C. U.S.A. |
| 1st Lieut. Harry Bull . . . . | M.C. U.S.A. |
| Chaplain Raymond S. Brown . . | C.C. U.S.A. |

## OFFICERS ADDED TO THE UNIT.

| | |
|---|---|
| 1st Lieut. Charles L. Rudasill . | M.C. U.S.A. |
| Capt. H. V. Weihrauch (Major) . | M.C. U.S.A. |
| 1st Lieut. M. H. Todd (Capt.) . | M.C. U.S.A. |
| 1st Lieut. Cecil E. Johnson (Capt.) | M.C. U.S.A. |
| 1st Lieut. A. M. MacDonald . . | M.C. U.S.A. |
| Capt. William M. Harrison . . | M.C. U.S.A. |
| 1st Lieut. Thomas B. Rafferty . | M.C. U.S.A. |
| 1st Lieut. D. E. McKenna . . | M.C. U.S.A. |
| 2nd Lieut. Roy R. Hall (1st Lieut.) | Q.M.C. U.S.A. |

## OFFICERS COMMISSIONED FROM ENLISTED PERSONNEL.

| | |
|---|---|
| 1st Lieut. Gustav Hahn . . . | S.C. U.S.A. |
| 1st Lieut. Robert T. Brogelman, Adjutant . . . . . | S.C. U.S.A. |
| 1st Lieut. John Lane, Registrar . | S.C. U.S.A. |
| 2nd Lieut. W. G. Sharwell, Medical Supply Officer . . . . . | S.C. U.S.A. |

Master Hospital, Sgt. Edwin F. Fettinger
Liaison Officer, Capt. A. Fondrevay Q.M.C. F.A.

## NURSES.

Mary Vroom, Miss (Chief Nurse)
Ada Pencheon, Miss (Chief Nurse—November 1, 1918–March 1, 1919).

Anstead, Ida J., Miss
Adams, Gladys A., Miss
Adams, Lutie M., Miss
Anderberg, Ada M., Miss
Arnold, Hope, Miss
Bell, Frances, Miss

Bronson, Helen A., Miss
Butler, Frances L., Miss
Campbell, Florence, Miss
Cox, Lois A., Miss
Cameron, Mary M., Miss
Cromwell, Robt. L., Miss
Coddington, Caroline, Miss
Curley, Irene M., Miss
Cooke, Genevieve, Miss
Evans, Marie L., Miss
Falconer, Marie K., Miss
Frasius, Ruth, Miss
Frasius, Marie, Miss
Fennemore, Ethel, Miss
Ferguson, Maud, Miss
Green, Clara, Miss
Gibson, Mildred, Miss
Hay, Elizabeth G., Miss
Hay, Catherine B., Miss
Hubbard, Lena M., Miss
Hair, Ella R., Mrs.
Hafer, Jane, Miss
Hamilton, Mary S., Miss
Keator, Ann S., Miss
Knudson, Mabel, Mrs.
Kennedy, Kathleen, Miss
Krans, Ella M., Miss
Kribs, Viola, Miss
Knight, Hortense, Miss
Landon, Florence, Miss
MacKay, Jean H., Miss
Mackay, Margaret, Miss
Morton, Gladys, Miss
McNamara, Eleanor, Miss
McBeth, Lillian, Miss
McDougall, Olive, Miss
Malmgren, Ella S., Miss
Nicholson, Gladys, Miss
Olmstead, Sarah C., Miss
Peck, Anna V., Miss
Peterson, Grace, Miss
Reinhardt, Edith, Mrs.
Ryan, Lulu B., Miss
Robinson, Ethel E., Miss
Smith, L. Blanche, Miss
Smith, Delphene E., Miss
Smith, Verna Cecil, Miss
Shaneman, Annie, Miss
Tropp, Edna, Miss
Towle, Maud A., Miss
Thompson, Ethel R., Miss
Tom, Mabel E., Miss
Vollmer, Margaret E., Miss
Woodward, Sarai, Miss
Wilson, Nellie Gray, Miss
Wilson, Lillian, Miss

## SECRETARIES.

Freeman, Louise, Miss
Prey, Nona D., Miss
Boyce, Mary, Miss
Skillen, Jane, Miss
Yorke, Diana, Miss
MacPhadyen, Margaret Mrs. (Dietitian)
Sistrunk, Mary, Miss

## RED CROSS UNIT.

Capt. Douglas Laird
Capt. C. A. Arnett
Arnett, C. A., Mrs.
Hall, Helen, Miss (In charge Jan. 1, 1919 to June, 1919)
Gibbs, Mabel, Miss
Metcalf, Edith, Miss
Wheeler, Anna, Miss
Sloane, Berkeley, Miss
Ramsey, Harvey C., Mrs.
Tarpley, Roberta D., Miss
McAllister, Ruby, Miss
Joy, Helen, Miss, Y.W.C.A.

## ENLISTED MEN.

Hahn, Gustav, M.H.S.
Alexander, Alfred
Allen, Norman
Altfelix, John
Atkinson, William H.
Azzi, Marius A.
Baker, Harold A.
Barbieri, Bernard
Beck, Albert
Beck, Emil
Bedijian, Edward G.
Benjamin, Everett P.
Benson, Carl T.
Bimilere, Robert J.
Blumenthal, George N.
Brady, Edward A.
Brainerd, George W.
Braumiller, Chas.
Brogelman, Robert
Brophy, Francis X.
Brown, Rodney A.
Burley, Chester
Campeau, Joseph J.
Capen, Arthur N. B.
Carlstrom, Victor
Cheney, Edwin A.
Chiljian, Henry B.
Clark, Harold
Clark, Herbert
Collver, Julius P.
Connelly, Joseph A.
Corlett, Charles
Cruikshank, Edwin A.
Cuthbert, George K.
Daggett, Floyd
Dascal, Stephen
Decker, Casper
Dennis, Benjamin
Dennis, Charles
Downer, Ernest P.
Duelly, Franklin A.
Duncan, Vernon L.

Eliesku, Stephen
Elkoff, Benjamin B.
Enea, Charles
Enowitz, Lewis L.
Everett, Allen
Fallon, John
Fehling, Charles A.
Feigenbutz, Herman
Fettinger, Edwin S.
Fredericks, Henry W.
Freeman, W. R.
Galligan, Chas. A.
Geisman, Leon
Gelhaus, Joseph
Glenn, Thomas H.
Goldstein, E.
Gorden, George B.
Gore, Samuel
Graeser, Charles P.
Greene, Arthur L.
Griffin, Osmer
Grossman, Henry
Hall, Harold
Hanly, Wm. L.
Hansen, W. H.
Harrigan, James D.
Harris, Stanley E.
Harrison, James R.
Hart, Horace D.
Hayhow, Edgar G.
Hoey, Fred L.
Hoffman, Elmer J.
Holmnberg, John
Holst, William L.
Howard, Frank
Hull, Robert B.
Jelley, Samuel
Keeney, George N.
Kelly, Gouveneur
Kip, Sheppard J.
Lamont, Wilbur J.
Lane, John
Lane, Robert D.
Lane, Roger
Law, William F.
Lewis, Earle H.
Lindsay, Maurice H.
Livingston, John J.
Lowry, Rudd
Ludlow, Ralph A.
Malone, William J.
Mann, Harold E.
Margules, Joseph J.
Martin, Arthur
Matthaei, Hans
McHale, William P.
Miller, John
Morr, William E.
Munk, Edward
Newman, Sydney
O'Donnell, Edward
Oestreicher, Carl M.
Oesterberry, Fred G.
Otzen, Owen
Paddock, Arthur K.
Patrey, Harry
Patterson, Fred A.
Peniston, Denman

Penn, Clarence I.
Pierce, Albert F.
Plummer, Seney
Powers, William J.
Ramsdell, Edward
Raynaud, Gabriel E.
Rhoades, Herbert L.
Rolston, Howard W.
Rose, Charles
Russo, Frank
Samson, Edwin H.
Schauf, Willis A.
Schiller, Oscar L.
Scholes, Walter
Schultz, Walter A.
Sharwell, William G.
Shellhase, George
Shiffert, John
Sinuk, Aaron
Sivewright, John M.
Smith, Albert
Smith, William
Sortino, Gabriel
Spitzer, Harry
Statler, David C.
Stobie, David M.
Sullivan, George T.
Sundberg, Ake R. O.
Tamke, Fred W.
Taylor, Elliott
Thompson, Tracy E.
Thorburn, Grant
Tint, Allen B.
Tomlinson, Harold W.
Udell, Merton
Vesey, Thomas
Viola, Mariano
Walker, Warren H.
Weeks, William C.
Wright, Ehrick
Wunschell, Louis
Wagner, Paul H.

## ENLISTED MEN ADDED TO THE UNIT.

Baker, James
Carney, John
Cremmin, John F.
Dohen, William H.
Ellis, Frank
Engle, Lawrence W.
Faulkner, Landon R.
Ferris, Robert W.
Gregg, Robert W.
Hohnberg, John E.
Kren, George J.
Larson, Ernest W.
Lemke, Francis A.
Morach, Albert
Moore, David M.
McCann, Michael J.
McBride, Edward
Nichols, Francis A.
Schwartz, Abraham
Willock, Charles A.
Yanaway, Jacob F.

THE OFFICERS

# HISTORICAL DIARY.

## BASE HOSPITAL NO. 9

## A. E. F.

JULY 21, 1917. The organization was mobilized pursuant to Par. 1, S. O. 13, H. E. D., July 16, 1917; the officers and enlisted men on Governor's Island and the Nurses and Civilian Employees on Ellis Island. The personnel assembled was as follows:

1 Officer M.C., U.S.A.
24 Officers M.R.C., U.S.A.
64 Nurses A.N.C., U.S.A.
1 Officer Q.M.R.C. U.S.A.
1 N.C.O., U.S.A.
150 Enlisted men, E.R.C., U.S.A.

AUGUST 7, 1917. The organization boarded the U. S. C. T. *Finland* in accordance with telegraphic instructions (Gvt No. 367), A. G., July 13, 1917, and sailed for France.

AUGUST 20, 1917. Arrived at St. Nazaire, France.

AUGUST 21, 1917. Proceeded to Savenay, the enlisted men with three officers on foot, the nurses and the remainder of the officers by train. At Savenay, quarters were furnished with Base Hospital No. 8, which was stationed there.

SEPTEMBER 2, 1917. Ten officers and 75 men left for Châteauroux where they began the work of preparing the hospital buildings for occupation.

SEPTEMBER 7, 1917. The nurses and the remainder of the officers and men proceeded to Châteauroux by train in accordance with telephonic instructions, Hdq., Base Section No. 1, A. E. F., Sept. 5, 1917.

SEPTEMBER 14, 1917. The first group of officers left for temporary duty with the B. E. F. During the following three or four months, similar groups of two officers each, followed each other at intervals of about two weeks, each group starting out at about the time that its predecessor was returning. During this period also several officers were absent at different times on detached duty with the French army.

SEPTEMBER 15, 1917. The first patient was admitted to the hospital.

OCTOBER 1, 1917. During the month of September, tentative plans for the enlargement and alteration of the hospital plant were completed and at the end of this month a detachment of about forty engineers arrived to begin the work. This detachment was later augmented by a small detachment of infantry which was ordered away before the completion of the work. The work continued as steadily as the arrival of materials would permit for a period of about six months. It involved the making of innumerable repairs, a thorough overhauling of the heating system, marked enlargement of the water supply and sewage disposal plants, the erection of some fourteen isolated barracks

and eleven others which were combined to form the admission building, the installation of the X-ray plant and the enlargement of the electrical system.

November 14, 1917. The force of enlisted men was increased by 25.

January 1, 1918. Census of patients, 226.

January 14, 1918. The first hospital train arrived at this hospital, bringing 94 patients from St. Nazaire. The train itself was a French one. This raised the census of patients to 413.

February 1, 1918. The cases in the hospital have been chiefly medical diseases, especially the contagious diseases—mumps, measles, German measles, scarlet fever and diphtheria. All have been of the ordinary type except the measles, which has shown a marked tendency to be complicated with or followed by bronchopneumonia of an especially virulent variety. During the month of January alone there were thirteen deaths from this cause. Clinically these cases were marked by great dyspnea and cyanosis and severe toxemia. At autopsy the areas of consolidation were very small and numerous and in practically every case there was suppurative inflammation of one or more of the accessory sinuses of the skull. Major Elser was unable to complete his bacteriologic investigation of this disease on account of his detachment from this organization, but was able to isolate a streptococcus, a member of the influenza group and a member of the group of gram-negative cocci, which occurred, one or more in each case. It was not possible to devise any effective therapeutic measures.

FEBRUARY 3, 1918. Major Charles L. Gibson, the Director of the Unit, sailed from France, having been ordered back to the United States because of the need for his services at the Cornell Medical School in the Department of Surgery.

FEBRUARY 14, 1918. Major William J. Elser was detached from this organization to become an assistant to the Director of the Division of Laboratories (Col. Siler).

FEBRUARY 15, 1918. First issue of *Nine Times*. Favorably received by New York *Press*.

MARCH 31, 1918. Arrival of hospital train bringing first group of wounded, from Montdidier section.

APRIL 30, 1918. During this month, the detachment of engineers, which had been working at this post for the past six months or so, completed their work and departed.

MAY 31, 1918. A device for automatically chlorinating the water supplied to this post with liquid chlorine was installed and put into operation. This was done in spite of the fact that the sand filter beds were furnishing a water of fairly good quality, as chlorination would furnish an added safeguard and assure safety from any water borne infection.

JUNE 19, 1918. Lt. Col. Arthur N. Tasker was relieved of his position as Commanding Officer and left to take up his duties in the office of the Chief Surgeon, Intermediate Section, S. O. S., as Sanitary Inspector. Major George Hawley became Commanding Officer.

JUNE 24, 1918. The personnel of the organization was enlarged by the arrival of 55 enlisted men.

JULY 1, 1918. Census of patients 1050.

JULY 10, 1918. During the past few days there has reached this post the first cases of the epidemic of so-called "Spanish Influenza" or "three day fever" which has been so widespread. The following note was made by Major Edward Cussler: "Cases of epidemic fever, average duration three to four days, chief symptoms general pains and aching in the back, loss of appetite, headache, with catarrhal symptoms. The course of the disease is mild. No fatalities have occurred. The cases have been isolated. Similar cases have come from the various organizations in the immediate vicinity." About 60% of the organization were attacked by the disease.

AUGUST 2, 1918. There arrived at this hospital an American hospital train which brought 424 patients and raised the census of patients to 2106. In order to aid in the provision of space for these patients a detachment of engineers was hurriedly sent from Montierchaume and erected four new barracks.

AUGUST 15, 1918. The insufficiency of the sewage disposal plant had been obvious for some time. The trouble had been increased by the condition of the contact beds which had become clogged and had suffered breaches in their walls. A detachment from an Engineers Service Battalion was sent down from Montierchaume to clean out these contact beds and make such alteration as might bring about an increase in their efficiency. A laundry was built by the Quartermaster corps in the building near the filter bed, in the

hope that it would be running in about two or three weeks. This would relieve the contact bed of handling all the effluent from the small laundry which was situated on the post and which drained into one of the septic tanks. The septic tanks were insufficient to take care of the sewage from the post, but it was possible to have them cleaned rather often and their contents taken over by the French contractor and spread upon plowed ground.

September 5, 1918. Sharp, severe hail and wind storm blew down the roof of the gallery in front of Ward 11, and filled several of the barracks with water, notably those in which the enlisted men slept.

October 10, 1918. First consignment of 73 patients were sent down to the Ecole Normale which had been fitted up as an annex to the hospital. The purpose was to use this annex for patients who needed comparatively little medical care, expecting to increase the total hospital capacity by about 200 beds.

October 15, 1918. Major Archibald H. Busby left the post having been ordered back to the United States on duty. He had been acting as Assistant to the Commanding Officer and as Mess Officer in addition to being in charge of the X-ray Department.

November 1, 1918. During the month of October there were admitted to the hospital a large number of cases of broncho-pneumonia occurring chiefly as a complication of a prevalent epidemic of influenza. It was a very severe infection and twenty-eight autopsies were done on cases that had died from this disease. The principal bacteriologic finding was the pneumococ-

cus in the lung, although some of the cases seemed to be due to the hemolytic streptococcus. The pathologic lesions were those of the ordinary lobular pneumonia though the extent of the consolidation was often unusually large. By the end of the month the admissions for influenza and for broncho-pneumonia were decreasing and it seemed as though the epidemic might be passing off. The majority of the cases came from the various organizations stationed at Montierchaume. An observation of Capt. Cussler's should be noted. "Very few cases have occurred in our own command. Since this is very different from the experience of other organizations in this vicinity it seems possible that the epidemic of influenza, which attacked so many members of this command about three or four months ago (see note of July 10, 1918) was due to the same organism as the present epidemic, and that it left behind it sufficient immunity to protect against infection at this time. The pneumococcus and the streptococcus are apparently secondary infections."

December 27, 1918. Major Edward Cussler, who had been in charge of the Medical Department of the Hospital, and Major Ralph Stillman, Chief of the Laboratory, ordered back to the United States for duty.

January 1, 1919. Lt. Col. George W. Hawley ordered to the United States for duty at the Polyclinic Hospital. Major James P. Erskine became Commanding Officer.

January 4, 1919. Base Hospital 63 arrived under the command of Col. Charles Wilcox.

JANUARY 14, 1919. The Hospital was officially turned over to Base Hospital No. 63. There were 559 patients under our care at that time.

JANUARY 25, 1919. Went on *Priority* sailing list in the Chief Surgeon's Office.

FEBRUARY 10, 1919. Dismissed from duty in the A. E. F.

MARCH 5, 1919. Left Châteauroux for Nantes as per S. O. 55 Par. 5 Hdqrs. S. O. S.

MARCH 16, 1919. Nurses sailed from Brest on the *Leviathan.*

APRIL 5, 1919. All but five officers detached and sent to Brest. They sailed on the *George Washington* April 8, 1919.

APRIL 11, 1919. Organization left Vallet for St. Nazaire.

APRIL 14, 1919. Organization went aboard the *Princess Mitoika* as per S. O. 103, Par. 22 Hq. Emb. Camp.

APRIL 16, 1919. Sailed from France.

APRIL 27, 1919. Landed at Newport News, Va., and proceeded to Camp Hill.

MAY 3, 1919. Went aboard the steamer *Jamestown* to sail for New York.

MAY 4, 1919. Landed in New York.

MAY 5, 1919. Moved to Camp Upton, where the organization was discharged from the service.

SOME OF THE NURSES

A GROUP OF NURSES

SOME OF OUR NURSES

# CHAPTER I.

## Genesis.

The Unit had its birth in those days when the country had not yet heard the call of war. There was much talk of preparedness but little was being done to give one the feeling of national security should we be drawn into the European conflict. The American Red Cross had offered (International Red Cross Convention, 1906, Article 10) to render aid to the land and naval forces in any time of emergency. On April 24th, 1912, by an act of Congress, the necessary authority was granted. Definite steps were then taken, and the Department of Military Relief was created (December 8th, 1915). This included the Bureau of Medical Service, the Bureau of Nursing Service and the Bureau of Supplies. Col. Jefferson R. Kean, M.C. U.S.A. was the Director General.

Col. Kean began to organize Base Hospital Units, believing they would be urgently needed should war be declared. His plan was to go to the civil hospitals of large size and activity and organize from their staffs of physicians and nurses, units in which the individuals knew each other and were accustomed to work together and could thus be expected to do team work from the beginning. Such hospitals would have five hundred beds and a personnel of about two hundred. About $35,000 would be necessary for medical equipment.

The Board of Governors of the New York Hospital were invited to form such an organization from its

professional and administrative staff. The invitation was met with an enthusiastic and prompt response; and plans were soon made to enlist the medical personnel and to provide a full equipment of hospital and medical supplies which would be packed and stored so as to be available for shipment the instant that the hospital should be ordered into service. The following donors and donations helped to make the equipment complete:

| | |
|---|---|
| George F. Baker | $25,000.00 |
| Cornelius N. Bliss Memorial Fund | 10,000.00 |
| Mr. and Mrs. Henry W. Scoville | 1,000.00 |
| E. C. Converse | 2,500.00 |
| Thomas F. Ryan | 500.00 |
| George C. Clark | 100.00 |
| F. Augustus Schermerhorn | 500.00 |
| Mrs. Patrick A. Valentine | 1,000.00 |
| William Bruce Brown | 500.00 |
| Thomas F. Clark | 250.00 |
| Dr. Charles L. Gibson | 50.00 |
| Dr. William L. Culbert | 26.25 |
| Mrs. Chas. E. Farr | 2.50 |
| Miss Elizabeth Whitman | 500.00 |
| Dr. Allen M. Thomas | 15.00 |
| Miss Diana Yorke | 100.00 |
| Mrs. Allen M. Thomas | 50.00 |
| A. Wright Post | 210.00 |
| Ambulance—Colonial Dames of America | |
| Ambulance—N. Y. Produce Exchange | |
| Ambulance—American Red Cross | |
| Motor Cycle—Mrs. E. H. Harris | |
| Motor Cycle—Miss Clarkson | |
| Motor Truck—Mr. Dillon | |
| Motor Truck—Fox Hills Golf Club | |
| Disinfecting Outfit—American Red Cross | |
| Kitchen Outfit—American Red Cross | |
| Dressings and supplies—Women's War Auxiliary of New York Hospital | |

Four Flags—Mrs. Richard Trimble
Comfort bags for officers—Mrs. H. C. Coe
Knitting machine and 500 mosquito bars—Miss Helen Frick
35 sweaters—Navy League Comforts Committee
2 sweaters—Miss Katherine L. Heard
Fund of $2,000 for nurses from Women's Auxiliary of Social Service, New York Hospital.
The Chaplain's Equipment—Calvary Episcopal Church
An Altar Outfit—Mr. and Mrs. George Zabriskie

When the subject was placed before the staff they were all eager to enroll. However, only a limited number was required for the Unit, so a selection had to be made. The Governors decided it wisest "to choose the members from the oldest and the youngest members, leaving the intermediate members, such as the associate surgeons and physicians, to conduct the Hospital service." By June 15th, 1916, the organization was effected and became subject to call by the War Department.

## CHAPTER II.

### Exodus.

The call did not come for a year. The Unit did not take a more definite form until after the United States entered the war in April, 1917. Then other steps were taken to perfect the organization. The personnel was assembled and the providing of the equipment completed. Everyone was ready to move on a short notice and the supplies could be taken aboard ship within a few hours.

On July 21st, 1917, the organization, which was called U. S. A. Base Hospital Number 9, was mobilized pursuant to Par. 1 S. O. No. 13 H. E. D. July 16th, 1917. The officers and enlisted men went to Governor's Island while the nurses and civilian employees spent their days on Ellis Island. Captain Arthur N. Tasker, M.C. U.S.A., was the Commanding Officer and Major Charles L. Gibson, M.C. U.S.R., through whose efforts the Unit was made possible, was the Director. The personnel at that time consisted of 27 officers, 1 non-commissioned officer, 64 nurses, 5 civilian secretaries, and 150 enlisted men. These were now to be initiated into the mystic rites which belong only to service life. They were to unlearn many lessons taught them in democratic civilian life, and were to devote themselves to discipline and duty. But above all, they were to lose themselves in a great cause and find themselves serving their God, their country and humanity through their organization.

But those days on the Islands will never be forgotten. In one respect the nurses were the more fortunate, for none of their number had ever been to Fort Benjamin Harrison—yet in later days they were given the privilege of sharing in the knowledge which certain members of the staff assimilated there. It was here that the men were provided with their uniforms. Brooks Brothers latest were discarded and the nearest fitting model of khaki put on. Silk shirts became woolen and patent leather shoes became hob-nails. Life took on a new aspect. Artistic souls could be seen policing the barracks, clerks were washing mess kits, salesmen became stevedores and the professional men were doing K. P. And they all did it as if they were winning the war. Here they learned that reveille meant to get up and answer roll call and that taps meant that they must be in bed. This was difficult for some who had been accustomed to go to bed nearer reveille time. But as far as the officers ever heard the men never confused the calls after the first few days!!

Those were hot days. Never before nor since has the sun sent down such volumes of heat in one place. One wouldn't have minded it so much if "the powers that were" had been contented to allow one to become familiar with the uniform. But, no, one was in the army, and one must know it. Therefore there was school, there were drills, there were assemblies, and there were inspections. But the drills! The eternal question was: "Why should doctors drill?" This was never really answered until one day, months later, a certain prominent surgeon—in fact the one who taught them on the Island—brought a patient into the operating room on a litter and had the orderlies there make the transfer to the table in due and true military fashion.

Anyway squads east and right oblique were done every morning until Coke Williamson looked like a West Point graduate.

Those were the days of good-byes and best wishes. Every night the thought would be "this is the last night home" and the best use was always made of it. Then in the morning came the heart-aches and the partings. The next evening the hero would return home and go through the same emotional process. One morning the Unit nearly sailed and the relatives were told about it that night. However, orders finally came and very early on the morning of August 7th, 1917, the officers and men left Governor's Island on a barge. The nurses went aboard at Ellis Island; the entire Unit went to Pier 11, North River, where the U. S. C. T. *Finland* was ready to sail for France.

THE "FINLAND"

## CHAPTER III.

### What Happened on the "Finland."

It was a strange looking crowd that went aboard the *Finland* that day. The men were weighted down under their equipment and blanket rolls, and fairly staggered up the gang-plank. Soon all the troops and the baggage were aboard and at one o'clock the ship left the pier. We soon found that a regiment of the 1st Engineers under the command of Col. Mason Patrick and U. S. A. Base Hospital No. 8 under the command of Major Siler, were to be our traveling companions. All were ordered below decks so that spying enemy eyes would think that this steamer was going to Europe empty. As most of the crowd had breakfasted—better termed "messed"—at 3.30 a.m. they were ready for dinner. This came within the course of the next few hours. At 2.30, the ship passed Quarantine and soon dropped anchor. Then Dame Rumor had it that we should lie there for at least three days and possibly longer, but as the sun faded from the horizon, then went the rumor to rest for the ship began to move. Her nose was pointed toward the sea, and at 10.15 she dropped the pilot and we were on our way to France.

Life on a transport is neither comfortable nor pleasurable. The men are packed down into the bowels of the liner. They sleep in bunks three tiers high and keep all their belongings with them. All goes

ABOARD THE TRANSPORT

(BETWEEN DRILLS)

THE "MONTANA"

(TAKEN IN MID-OCEAN WHERE THE "FINLAND" TOOK ABOARD AN EXTRA CREW)

well as long as all keep well. Fortunately the ocean was like an inland lake when we crossed. Baths were taken every morning on the well deck. A sailor would play his hose on a hundred or more slippery wriggling men. It was not half bad. Deck chairs were left behind because those in charge of the transport knew that they would never be used. From reveille until taps one was kept on the move. There was school and boat drill, calisthenics and boat drill, French lessons and boat drill, inspection and boat drill. Then there would be boat drill during the relaxing period and sometimes between courses at dinner.

The medical officers felt that now that Governor's Island was left behind, they would have time to think of war surgery and just how calmly and cleverly they would remove foreign bodies under shell fire. But not so. They were summoned to the upper deck every morning after breakfast. Here litter drill held the attention. Once or twice it was found that the instruction book was wrong so our Major invented a better way of doing it! Then they were thrilled by the reading of the Articles of War! Next day they built an operating room and equipped it. There had been several abdominal pains among the men before this was completed, but it was a sure cure of all ills. Major Gibson held a French class which gave all not only a speaking acquaintance with the language, but also a knowledge of what to do on a visit to Paris!

Every evening there was some kind of entertainment—a boxing match, a vaudeville show or a minstrel show. The nurses of Base Hospital No. 9 burlesqued the life on the *Finland* which caused so much merriment and applause that the Captain of the ship had to call from the bridge "less noise." After the entertain-

SOME OF THE OFFICERS

(AFTER SCHOOL ON THE "FINLAND")

OUR CONVOY

ment hour, life took on a dull aspect. There was no smoking; the nurses went to bed at 8.30, and there were no lights on the ship. Everybody went to bed in the dark, and many mornings toward the end of the trip, got up in the same inky blackness. Will we ever forget those terrible nights with four in a state room and no port hole open?

But it was a happy voyage and everyone laughed at the hardships and discomforts. Even the chaplains overcame the lack of space for services by standing on the poop-deck and conducting the worship through a megaphone so that all the decks could take part. There was a feeling of security because of the other ships in the convoy—the *Henderson*, the *San Jacinto*, the *Antilles*, with the cruiser *Montana*, and two destroyers. However we learned that in case of attack we were not as safe as we thought. And that brings me to *the* submarine battle. This attack has been the cause of endless debate. All who were on the ship that day believed and knew that there were submarines trying to sink us. Erskine and others saw them. Then suddenly the analytic Elser began to ask questions, and the number of eye witnesses to the periscope began to dwindle. After many evenings of discussion and debate (many of which took place in the dormitory where some wanted to sleep) it was decided that the United States was not prepared for war. But this is what happened before the debate took place.

It was a beautiful day. Belle Ile en Mer had just been sighted and everyone gave a sigh of relief after the days of anxiety. The life preserver, which had been our constant companion for days and nights, would soon be discarded. Some even decided that this was the time to go down and bathe and be ready

LANDING AT ST. NAZAIRE

to go ashore. The enchanted land lay before us and troubles behind us. Just as we were peacefully contented the "abandon ship" whistle began to blow and our port gun began to boom. The ships cut circles and scattered like a flock of frightened sheep. Everyone on board took his position near his life boat. The guns of the other ships commenced firing. Our ship would turn so sharply that we would feel her keel over. As one who watched the *Finland* wrote.* "But what impressed us most—we almost laughed to see her—was the lubber of the fleet. She was twice the tonnage of most of us, and early in the run across, she had brought anguish to our souls by the way she lagged. She had not enough men in her steam department to keep her engines warm, so she reported.† But now she had steam enough. She was wide and high, a huge bulk of a ship, and here she was now charging at the place where a U-boat had just submerged."

In the midst of it all, there was a terrific b-o-o-m, and the old ship shuddered and shook. The one thought in every mind was that we had been hit by a torpedo. But some had seen a column of solid white water shoot straight up beside the destroyer, and they knew it was the impact from a depth bomb. The fight lasted forty minutes. Every ship had something to say with its guns and kept up an incessant maneuvering at close quarters. But there was no disorder. All were calm and quiet and manifested the greatest interest in the struggle that was being staged. It was their first experience under fire and was to be the last for a great many of them. As the firing ceased, the French airplanes came out bringing a welcome and the

* *Collier's Weekly*, October 20th, 1917.

† We had stopped in mid-ocean to take on extra help from the *Montana*.

assurance of safety. We were told that our ship was credited with one submarine and the destroyer that dropped the depth bomb got the other. How many there were off Belle Ile that morning nobody knows. A writer in the *Nine Times* says "the air was full of them."

We landed that afternoon (August 20th, 1917) at St. Nazaire, France, and the next day proceeded to Savenay, where we were quartered with Base Hospital No. 8, better known as the Post Graduate Unit.

OUR BUILDINGS AT SAVENAY

(THE NURSES AT PLAY)

## CHAPTER IV.

### Savenay.

Savenay was a quiet Brittany town when the two New York City Units, Base Hospitals No. 8 and No. 9 arrived there on that August day. One year later, it was to be the biggest medical center in France. Other hospital units were to be located there and a large number of sick and wounded men were to pass that way on their journey to America. The three stone buildings which had been a normal school were simply to be the beginning of the work, which in a few months would be surrounded by a city of modern barracks,—a city which would have all the modern conveniences and appliances.

But Base Hospital No. 9 was not to be located there. Major Gibson said good-bye to us on the *Finland* and started for Paris to see the Chief Surgeon. In a few days he sent back word that we were to move on and that Base Hospital No. 8 was to start the work at Savenay. We were delighted because we thought we would be nearer the front, and anyway we wanted to move.

The men started the days at Savenay by hiking from the ship to the post. It was about fourteen miles, but as they had never done any hiking or long marching, many of them were forced to remain quiet for several days after. Then began police duty, and guard duty, and regular army life and discipline.

The officers here learned to be Officer of the Day.

PARADE GROUNDS AT SAVENAY
(THIS SOON BECAME A BARRACK CITY)

Many would be interested to see some of these medical men going about their duty in a military manner, carrying guns and looking quite warlike. Each used his individual salute and thought well of it. Whether he faced the music or the flag at retreat depended on the individual temperament. Major Cussler did it both ways. Whether the men should stand at salute in ranks, or simply stand at attention depended on the visiting General—or the result of the debate in Elser's room the previous evening. Busby would teach them one thing one day, the next day he would alter it; and then the C. O. would decide that it should be done another way. Yet it was a subject of debate for weeks and almost any time one could hear issuing from the officers' quarters: "Now, Archie, don't you remember at Fort Benjamin Harrison when I stood in the parade as the Colonel passed"—— "Yes, Gene, but you did it this way"—ad inf.

Although we were waiting for orders to move, no member of the Unit was idle. This was the schedule as worked out by our superiors:

*Schedule for Officers.*

| | |
|---|---|
| 7.00 | Breakfast |
| 8.00–8.50 | Instruction—Army Regulations—Lt. Bolling |
| 9.00–9.30 | Setting up Exercises { Major Pool / Capt. Busby |
| 10.00–10.50 | Instruction—Capt. Busby |
| 11.00–11.45 | Drill—Capt. Kent |
| 12.00 | Lunch |
| 1.30–2.30 | Drill—Lt. Bolling |
| 2.30–5.00 | French (usually assimilated) |
| 5.00 | Supper |

*Schedule for Nurses.*

| | |
|---|---|
| 6.45 | Breakfast |
| 8.30– 9.20 | Instruction |
| 9.30–10.00 | Setting up Exercises |
| 10.30–11.20 | Instruction { Capt. Hawley, Capt. Stillman, Capt. Cussler |
| 12.00 | Lunch |
| *1.30– 2.00 | Drill—Capt. Busby |
| 2.30– 5.00 | French |
| 5.00 | Supper |

*Schedule for Enlisted Men.*

| | |
|---|---|
| 5.45 | First Call |
| 6.00 | Reveille |
| 6.15 | Assembly |
| 6.30– 6.45 | Setting up Exercises |
| 6.45 | Breakfast |
| 8.30-9.20 | Instruction { Capt. Erskine, Lieut. Schrock |
| 9.30–10.20 | Drill { Lieut. Dugdale, Lieut. Davis |
| 10.30–11.30 | Instruction—Capt. Lee |
| 12.00 | Lunch |
| 1.30 | Sick Call |
| 2.00– 4.00 | Drill—Major Pool |
| 4.30 | First Call |
| 4.40 | Assembly |
| 4.45 | Retreat |
| 5.00 | Supper |

* One should see this to appreciate it fully. Yet we mustn't blame Archie even though he gave some strange commands.

THE COURT AT SAVENAY

In the evening long walks were taken through the country, or some entertainment took place at the post. Those were the days when an officer if he wanted to go out with one nurse had to ask two—one to talk to, and the other to chaperon him. Yet much progress was made "engineerically speaking."

But the chief trial and tribulation of all and I say all advisedly was the censorship of the mail. The Chaplain was made Censor, and the Commanding Officer provided him with scissors, indelible ink, and a brush, and the necessary authority to read and strike out any information that was interesting. He spent hours those first days reading and cutting, and by night he dreamed of information that had slipped his notice. Many letters were badly mutilated for which he sincerely apologizes now, but then he believed that all army orders were to be interpreted literally. Censorship became less irksome for all in later days. But one must ask the nurses just how it was done. Perhaps their feeling during the Savenay days is expressed in their song entitled "Somewhere in France" sung to the tune of Tipperary.

## SOMEWHERE IN FRANCE.

The good ship *Finland* brought us over
Cross the deep blue sea.
We ploughed right through the submarines,
They jumped around like fleas.
But when we got to St. Nazaire
We all sent forth a yell
Because we came to Savenay
To wait here for a spell.

CHORUS.

It's no effort to write a letter,
For there's nothing to say.
We're not coming nor are we going,
We just drill or hike all day.
Potatoes, rice and onions
Then on gateaux take a chance,
So to celebrate we have this Field Day,
We're "Somewhere in France."

Each morn we get up early
In response to bugle sound.
We eat, make beds and shine the ward,
Then forth to school we bound.
We learn about the wriggley bugs
That chase disease away,
And try to look intelligent
At bone anatomé.

CHORUS.

There is a "Vroomer" now about
We're soon to go away.
It may be Châteauroux we hear,
And start most any day.
We're sad to leave this happy home,
Our thanks we hereby give
To P. G. Unit No. 8,
They're great, long may they live.

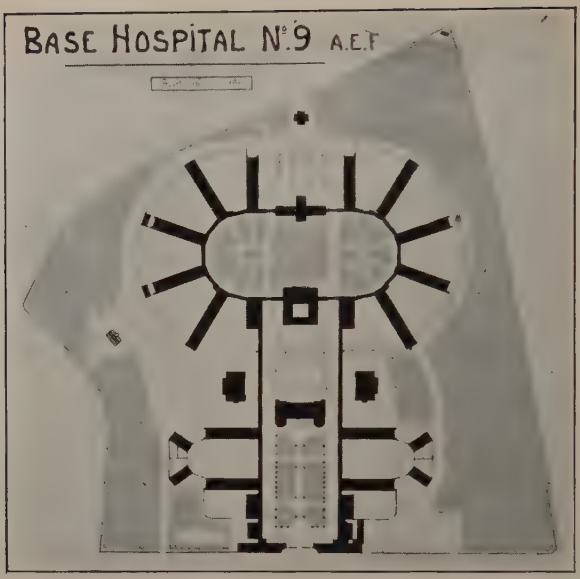
CHORUS.

The Unit will always have pleasant memories of the hospitality which Col. Siler and the members of

Base Hospital No. 8 extended. Everything was done for our comfort and every possible courtesy was shown. We owe them a debt of gratitude.

Our orders finally came to go to Chateauroux, in the Department of Indre. On September 2d, 1917, the first American troops ever to be in that department arrived—the advance guard of our hospital consisting of 10 officers and 75 men. On September 7th, the rest of the officers with the nurses and men reached there. Then began the real life of Base Hospital No. 9 in France.

A BIRD'S-EYE VIEW OF CHÂTEAUROUX




PLAN OF HOSPITAL WHEN WE ARRIVED

THE HOSPITAL WHEN IT WAS COMPLETED

## CHAPTER V.

### The Formative Days.

The hospital was located in a place known as Bitray, about one mile and half from Châteauroux. Châteauroux was the capital of the department, in pre-war days a manufacturing city of about 23,000 inhabitants. The buildings which were designated for our use had been originally built for an insane asylum and were known as "Maison de Santé." Before their completion, the war came and the entire plant was used as a Base Hospital, and called by the French "Hôpital Complémentaire 25." There were thirty-four buildings constructed of brick and stucco, with a capacity of five hundred beds. They were all adapted to hospital purposes, and very few changes had to be made. Beside the buildings there were twenty acres of land which were turned over for our use.

Our problem was to use the space to the best advantage. As it was to be a war hospital, the surgeons naturally chose the majority of the buildings. The medical men contended that disease was as deadly a foe to an army as the enemy bullet. The "orthopods" argued that at least they must have a place for those men who through hiking had contracted a morbid condition of the foot in which the arch is destroyed. All were agreed on the place for the laboratory, the operating rooms and the chapel. But after several officers' meetings, space was allotted to all—the medical men getting most of it the first winter.

The buildings had to be cleaned, so the nurses and men cleaned them. Then beds had to be put in. Here let me quote the *Nine Times.* "And we learned the Bolling method of bed carrying, i.e. the frame in the right hand, the spring in the left and the mattress held between the teeth. Then to our horror we were told that we must unlearn the Bolling system of bed carrying and acquire the Cromwell Chapman method, in which the mattress is held under the left arm and it is the spring which is carried between the teeth. At last there came a day when there was one bed which could not be placed in eight different wards, for we had caught a patient and it was occupied." The reason for the constant moving of beds was due to the keen desire of certain individuals to know the exact floor and air space of the buildings, with each calculation a bed was moved and another put in its place.

While all this was going on the men were doing guard duty and learning the intricacies of litter drill. (This drill when it was perfected was used once—not on patients—when an inspecting officer asked for it. Kent will never forget that day.) The nurses between bed makings, drilled under the direction of Major Pool and Lieut. Davis. (This class came to an end when Pool went to the British front.) The officers spent the day in discussing plans and the evening in solving such problems as "Who has control of the air?" or "What nation leads the world in everything?" (This was usually a monologue—in military parlance, "a gas attack.") Nothing tangible ever came from the night sessions; but from the day meetings, plans were made for additional barracks, an admission ward, and a system for admitting patients.

THE MEN AT INSPECTION

ENTRANCE TO BASE HOSPITAL 9

On September 15th, the first patient was admitted. A telegram came in the morning that one of the men of the 1st Engineers had fallen and fractured his femur and would arrive at Châteauroux about eleven o'clock that night. Everybody worked all day getting ready for him. The C. O. designated nurses and orderlies for the ward, an extra guard to go with the ambulance to the station, Stephens, Schrock and Adair to be there to work on him, and a full registrar's staff to work that night. Moreover, he would be there himself. Thus was the patient received.

During this period the C. O. found it necessary to go to Paris. This made our Director, Major Gibson, the Commanding Officer of the Post. To show how happy we all were to have him in command, a dance and reception was given in his honor. As the Major had not yet established himself in his quarters at the hospital, it was planned that a committee should welcome him that evening as he entered the gates. Major Elser was asked to make the speech of welcome. About 8.30, Major Gibson drew up in a sea-going hack. As he stepped out Elser began—"Major Gibson, it gives me great pleasure"—Major Gibson walks away and wrangles with the cocher over the fare. This settled, Elser begins again, "Major Gibson, it gives me great pleasure to"—Major Gibson thinks of something else to tell the cocher and he begins a torrent of French. As it was apparently settled now, Elser begins once more "Major Gibson, it gives me great pleasure"—Major Gibson realizes that something is happening and that Elser is talking, so he takes him by the hand and says, "That's all right, old man, that's all right." That well prepared speech of affection has never been delivered.

A VIEW OF HOSPITAL FROM THE GATE BEFORE THE BARRACKS WERE CONSTRUCTED

During these days much time was devoted to the learning of the French language. The Dezert sisters were constantly in company with the members of the Unit. When the lessons were over the result was practiced on the people in the town. One of the surgeons who was always happy and had the faculty of spreading that warmth of contentment to those whom he met, tried to tell one of the shop girls in the Grand Magasin (Wanamaker's) how happy he was to be in France. He began "je suis très joli" and stopped. The shop girl smiled and said, "Oui, monsieur." Thinking that she did not fully understand he separated his remark emphasizing "joli." Again politely she said "Oui, monsieur." The next day when he took his lesson he found that "joli" did not mean happy. Americans in France did strange things to the language yet the response was always polite. Perhaps they laughed when they were alone.

During the month of September, tentative plans for the enlargement and alteration of the hospital plant were completed, and at the end of the month a detachment of forty engineers, under the command of Lieut. Edward Duff, E.C. U.S.A., arrived to begin the work. The detachment was later augmented by a small detachment of infantry, which was ordered away before the completion of the work. The construction continued as steadily as the arrival of materials would permit. It involved the making of innumerable repairs, a thorough overhauling of the heating system, marked enlargement of the water supply and sewage disposal plants, the erection of some fourteen barracks to be used as wards and eleven others which were combined to form the admission building, the installation of the X-ray plant, and the enlargement of the electrical system.

During this time patients were being admitted, mostly medical, a large number contagious, and a few civil surgical cases. The officers were being sent to the British front in teams to observe their hospitilization. Some of the nurses and orderlies were working in French hospitals along the lines. By the early part of 1918 the capacity of the hospital was increased to 2250 beds. In the days to come all of these beds were to be occupied.

## CHAPTER VI.

### "When a Train Came In."

On January 14th, 1918, the first hospital train arrived, bringing 94 patients from St. Nazaire. These were mostly medical cases that would be ready for service at the front within a few weeks. It gave us a total of 413 patients at that time.

It was about this time that the Unit suffered the loss of Major Gibson. He was ordered to the States to take up his work at the New York Hospital and at the Cornell Medical School where he became head of the Department of Surgery. His going was keenly felt by all. Others of our number within a few weeks were sent to other posts. Major Pool went to Evacuation Hospital No. 1, Captain Lee went to assist Col. Finney and to direct the organization of transfusion for the A. E. F., and Major Elser went to the Central Laboratories at Dijon. Others of our number were away for weeks at a time. Captain Erskine, Lieutenants Adair and Dineen were at Ris Orangis; Lieutenants Bolling, Stephens, and Schrock were at Noyon, and Dugdale and Echeverria were at Soissons.

On March 31st, 1918, the first group of wounded patients came in on a train from the Montdidier section. From this time on until the signing of the armistice, wounded came in at frequent intervals. The number became larger and larger until the first part of August, when it became obvious that more provision

THE ARRIVAL OF A FRENCH TRAIN

must be made to house them. Let me here describe the admission of patients into the hospital.

Patients came from the front in hospital trains. These trains were simply handsome hospitals on wheels. They could accommodate about 350 stretcher cases or 500 walking cases. Each coach had 36 cots hung in threes one above the other. When desired the top cot could be slung flat to the side of the coach, the second cot slipped down and made a back to the lower cot, thus forming a sofa or lounge. The space between the rows of cots was very wide—sufficient to allow a stretcher to pass with ease. The train carried a water supply of 2835 gallons, apart from the drinking water carried in filters. Electric fans changed the air completely when the train was in motion. The heating was entirely independent of the engine. There were bathrooms, douches, lavatories, an operating room, a pharmacy, a kitchen, and supply rooms. So complete was the provision department that 500 persons could be comfortably fed for three days at a stretch.

The staff comprised three medical officers, three nurses, a sergeant first class, two sergeants, two cooks, and thirty-one enlisted men. "The coaches were the last word in hygiene—rounded corners so as to be easily cleaned, cheery and extremely neat, all in white enamel finished off in mahogany." It was on such trains that the American sick and wounded were taken to and from the hospital.

The following simple plan of operation was devised to avoid the loss of time by officers and men when a train was expected to bring patients or to evacuate patients to or from our hospital. I quote from a Memorandum of April 17th, 1918:

"1. All information received either by telegram

or telephone concerning the probable time of arrival of sanitary trains will be transmitted by the Adjutant at once to the Commanding Officer, the Registrar, Detraining (or Entraining) Officer, Quartermaster, and Mess Officer. All changes later received will similarly be transmitted to the officers above mentioned.

"2. If information is received to the effect that a train is expected between Taps and First Call for Reveille the Detachment Commander will send one enlisted man to the quai not less than thirty minutes before the supposed hour of arrival of the train. As soon as the train passes the quai to Châteauroux, or as soon as it reaches the quai if it is coming from the other side of Châteauroux, this soldier will immediately awaken the chauffeur who is on guard at the garage. He will then proceed as rapidly as possible to the Hospital and inform the Non-Commissioned Officer of the Guard of the arrival of the train, and the Non-Commissioned Officer of the Guard will immediately direct the Musician of the Guard to blow First Call, which will be followed ten minutes later by Reveille, to be in turn followed five minutes later by Assembly. Assembly will be followed, as soon as the detachment shall have been dismissed, by Mess Call. To provide for this contingency, the Mess Officer shall have previously made arrangements looking to furnishing breakfast to all patients who are to be evacuated, if such is the purpose for which the train has come. The enlisted men of this command, however, will not have breakfast until the entraining or detraining process has been completed.

"3. If the train is due to arrive between First Call for Reveille and Fatigue Call, First Call, Reveille and Assembly will be as usual, but Mess Call will be

THE REGISTRAR'S OFFICE

blown five minutes after Assembly. To provide for this contingency, the Mess Officer shall have previously made arrangements looking thereto so that breakfast may be served at once to all enlisted men of this command, and to all patients who are to be evacuated, if such is the purpose for which the train has come. Upon such an occasion twenty minutes only will be allowed for breakfast and at the end of this time Assembly will again be blown in all parts of the Post, upon which all enlisted men designated for duty in connection with the reception or evacuation of patients will immediately report to the Officers to whom they have been assigned for duty.

"4. If the train is due to arrive between morning Fatigue Call and Taps, the Detachment Commander will still send a member of the detachment Medical Department to the quai not less than thirty minutes before the arrival of the train, and this soldier will be responsible for informing the Non-Commissioned Officer in charge of motor transportation or such chauffeur or mechanic as may be at the garage. The soldier will then proceed at once to the Hospital and inform the Non-Commissioned Officer of the Guard of the arrival of the train, and the non-commissioned officer of the Guard will at once cause the Musician of the Guard to blow Assembly in all parts of the Post. This will be the signal for all enlisted men designated for duty in connection with the reception or evacuation of patients to report at once to the officers to whom they have been assigned for duty.

"5. The intent of the foregoing is to allow the arrival of sanitary trains to interfere as little as possible with the normal functioning of the hospital, but some such interference can not, of course, be entirely avoided.

THE X-RAY ROOM

Particular attention is invited to the fact that the Mess Officer must be prepared to feed patients who are to be evacuated at practically any hour of the day or night. Ward Surgeons must hold themselves responsible for making the necessary arrangements to procure meals from the kitchen at any hour of the day or night for such patients as are to be evacuated but are not able to go to the mess hall. They must also hold themselves responsible for seeing that the clothing and equipment of patients to be evacuated is properly distributed in the ward, that no patients leave the ward for the admission building in preparation for evacuation until the registrar has signified his readiness to accept such patients at the admission building, and finally that no patients leave the ward taking with them any articles or property pertaining to this hospital.

"6. The Registrar will see to it that patients when brought to the admission building are separated as follows:

(a) Cases of insanity and other mental diseases in alphabetical order.
(b) Cases of epidemic disease in alphabetical order.
(c) All other litter case in alphabetical order.
(d) All other sitting cases in alphabetical order.

"7. Cases when classified as indicated in the preceding paragraph will be sent to the quai in groups in alphabetical order as soon as may be possible. Groups who are able to walk will be conducted to the quai under the supervision of the non-commissioned officer. Upon arrival at the quai they will be reported to the Entraining Officer, who will be responsible for causing to be made a final check by name of all patients evacuated. He will, as soon as this check is completed,

hand to the Registrar, or his representative, the lists upon which the check has been made, and the latter will then be responsible for securing from the Commanding Officer of the train a receipt for those patients by name as checked, and for all public property which may be turned over to the Commanding Officer of the train for delivery to the hospital for which the patients are destined." These simple directions made the handling of patients an easy matter!!!

A system of barracks for admission buildings had been built in what was once a picturesque court, but during the season of the drives they were turned into wards. One building was an examining ward where the registrar classified the case and designated it for the proper ward. In another building the clothing was taken from the patient, marked and sterilized. The next barrack contained the bath. Near this was the X-ray examination room and an emergency operating room.

When a train came in the hospital was a bee-hive of activity. There was no lost motion those days nor for days to follow. The red tape reports on each patient were enough to keep the staff busy without a thought for the care of the patients. But the staff of nurses and doctors put treatment first and reports second. This does not mean that they were not done, but it does mean that they were not the first thing in importance. Base Hospital No. 9 believed that its chief duty was to care for the sick and wounded.

THE OPERATING ROOM

## CHAPTER VII.

### Base Hospital No. 9 becomes the Orthopedic Centre of France.

In the spring of 1918, the hospital which had been functioning as a general hospital was designated by the Chief Surgeon as the Orthopedic Centre of the American Expeditionary Forces. Base Hospital No. 9 was selected because of its unique position and because of its excellent equipment for the work. Credit for the latter must be given to the far-seeing policy of Major Gibson, who when planning the equipment took into account the large work that would necessarily be done with bone and joint wounds. This did not mean that general surgical and medical cases would no longer be received—for during the entire life of the hospital a very large number of such cases were treated,—but simply that the Orthopedic Section of Surgery of the A. E. F. would consider this their base.

Almost immediately a staff of Orthopedic surgeons were selected under the direction of Lt. Col. Goldthwaite, Major George W. Hawley, of the Unit, was made director of the work. He divided the work into two sections under the control of Lieut. Richmond Stevens and Lieut. Robert Schrock. A school was started to train orthopedic surgeons. Officers began to arrive in large numbers and spent from two to six weeks observing and studying the methods of war surgery. Lectures were given every day and clinics held in the operating

room and in the wards. As the Carrel-Dakin method of wound treatment was being used with marked success, it added much interest to the work that was being studied. It was from this base that "the orthopods" were sent to the line and to other hospitals in France. About 200 surgeons went out from here.

It was also at this base that the reconstruction aides were trained and sent out. A permanent staff of occupational and therapeutic workers remained to train the others. They did work in the wards as well as in their work shops. About 100 aides received their training here.

An orthopedic workshop was started and successfully worked. Lieut. Grimes was placed in charge. Patients received their treatment here and at the same time made a great many useful things for the hospital. Most of the splints and frames that were used were made on the Post by Private Samuel Gore—a member of the Unit.

On June 19th, 1918, Major Tasker, who had been promoted to the rank of Lieut. Colonel, was relieved of his position as Commanding Officer and left to take up his duties in the office of the Chief Surgeon, Intermediate Section, S. O. S. as Sanitary Inspector. Major George Hawley then became Commanding Officer.

## CHAPTER VIII.

### Reconstruction Activities.

One of the chief functions of a hospital in France was to save and reconstruct human life so that it would be useful again. After the broken bones had been mended or the fearful wounds healed, there was still much to be done before the injured member would function normally. To assist nature in restoring movement to the injured parts, a course of therapeutic treatment had oftentimes to be undergone. This treatment was given under the direction of and by the reconstruction aides. It was accomplished in two ways. There were the reconstruction aides who went from ward to ward and gave the patients massage treatment. By manipulation, methodic pressure, friction and kneading of the injured member results were obtained. These workers also had a barrack where patients went every day on the doctor's orders to have their treatment.

Results were also accomplished by occupational therapy. The plan was to arouse the patient's interest by giving them something to make, which at the same time would call into play the muscles which needed to have their function restored. The aides who were doing this work went from bedside to bedside and taught the men to make useful and beautiful things. Great good was accomplished in this way. In the first place the mind of the patient was being occupied; then

THE RECONSTRUCTION AIDES

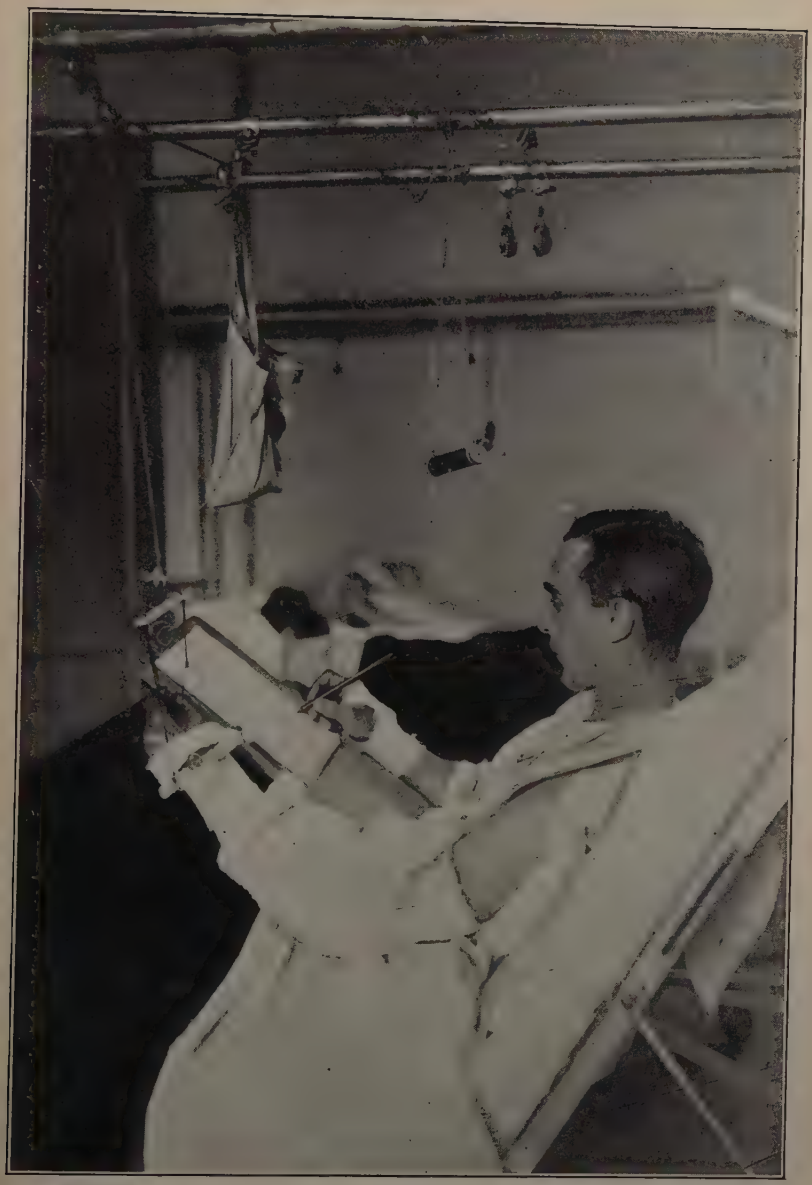
RECONSTRUCTION WORK IN THE WARDS

the patient was using a part of his body which needed to be made strong and well again; and last but not least, he was making something that was worth while and which could be sent to those at home as a gift.

The aides also had a building where they had classes both mornings and afternoons. Some of the men were sent to this building by the surgeons for specific treatment while other classes were purely voluntary. The material that was used was "stuff that came from salvage dumps." Tin cans made mechanical toys, as ambulances, aeroplanes, engines, while any kind of wood that could be found was soon turned into a useful article or toy. Each man who came was treated as an individual. He was not given setting-up exercises, and he was not taught a vocation. The value of the place was not to teach but to provide treatment by first arousing the interest of the individual. The work was entirely self-supporting. The aides themselves provided the first 1000 francs to start the work, as they had been refused funds from other sources. As our aides put it "we begged, borrowed and (speak it softly) stole to get things started. We worked out our own salvation and by doing it saved—we hope—a great many others."

Another form of reconstruction work was done in physical training classes. Shell shock, gas cases, and men, with wounds that had been slight, were put into these classes. One of the Unit men, Corporal Charles Rose, who had been a trainer in civil life was put in charge of the work which proved highly beneficial.

Patients were not allowed to idle around the hospital when they were able to do some work. In a plant that was caring for 2500 patients there was much to be done, and the type of work was so varied that no one



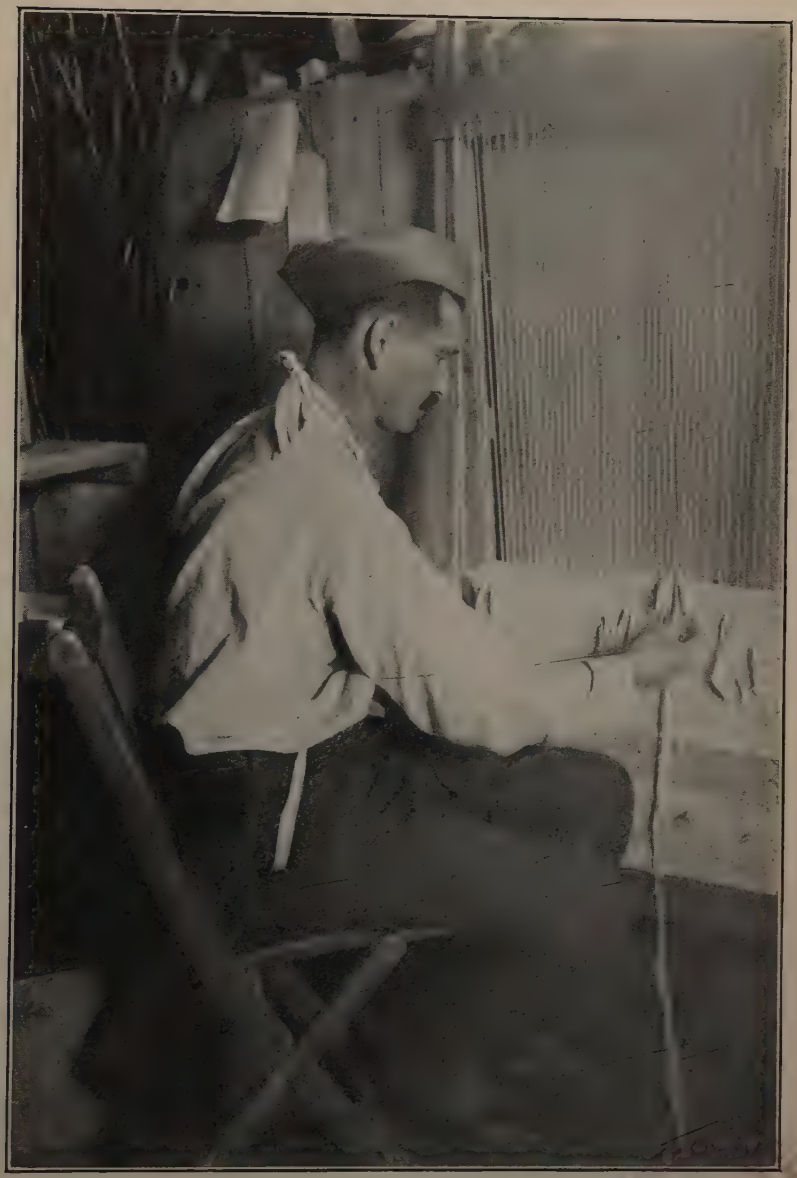
IN AN ORTHOPEDIC WARD

could escape doing something. It was much better to have the men occupied than to have them doing nothing all day. No one was put to work who was not physically fit. The patients did such things as policing the wards and corridors, doing orderly work, working in the Post-Office or the Red Cross Building, farming, kitchen chores, and making surgical dressings. It would have been impossible to carry on the work at the hospital without the help of the patients. And they all did it cheerfully and well, which was always characteristic of the American soldier.

One of the interesting places in the hospital was the workshop. The curative value of the workshop can never be fully appreciated. Records will show some results, but the full story will never be told. We tried from the beginning to make the work of such practical benefit to the hospital, that it would not only provide the exercise for the restoration of function in the injured part of the wounded man, but also provide work of productive nature. We thereby gained results of twofold nature, that of holding the patients' interest, and that of providing the hospital with many practical and useful things. The co-operation on the part of the men themselves was splendid, and this to a large extent was the secret of the success of the work.

The psychological result was very noticeable, in that, once a man realized that he was making something useful and that its value depended upon his efforts, his recovery was assured. The beginning of his recovery dated from the moment he realized he was of some use as a workman.

We had a large carpenter shop in which we made most of the tables, cupboards, filing cabinets, desks, etc., that were used at the hospital. In this shop there



RECONSTRUCTION WORK

IN THE ORTHOPEDIC WORKSHOP

were planes equipped with special handles to meet the needs of the different gripping powers of the individual. There were also saws with various types of handles.

There was a shoe and leather workshop, in which were made Thomas heels, sacro-iliac pads, foot straps, and different types of special splints. This part of the work was of inestimable value as it supplied the hospital with these various orthopedic appliances to fit the specific case.

Our treadle-room was worthy of mention, as it accomplished very satisfactory results in cases of limited flexion and extension. The jig saws of the lever and fulcrum pattern were very good for ankle cases of limited flexion, and the larger jig saws of the pendulum type provided excellent exercise for the knee cases. There was also a foot treadle wood-turning lathe, that was of the platform treadle type, requiring the patient to stand up to operate it. This proved very good for knee and hip cases, and as the man's whole body was practically in motion, it allowed rotary movement that was of great benefit. On this lathe, we made all our tool handles and many useful things that required wood-turning. One of the patients made a foot treadle saw of the crank pedal type, with an adjustable stroke, which would permit a varied motion from complete extension of the leg to a flexion of 90 degrees.

There was also a machine shop, equipped with power machines, and an oxy-acetylene welding plant. Here we made many splints, braces and supports, and also all the mechanical repairs of the hospital, including the automobile work. There were also drills and emery wheels with extensible levers, for the various types of shoulder cases.

A good percentage of the patients were returned to "A" duty after a short period of work. A large

number were also sent to "B" duty. Many of these class B men, if allowed to remain a few weeks longer would have been class A men. Owing to the pressing need of beds, the cases were evacuated much earlier than would ordinarily have been done. However, if the work had been carried on at the convalescent camp, or the special training unit, it would have greatly accelerated the recovery of these class B men.

Even in the C and D classes, cases requiring further treatment, there was a great deal of benefit realized. These men improved greatly in spirit and left the hospital in better mental condition than when they arrived. It was very interesting to watch the "amputies" take courage and attempt to use the tools and succeed to a great extent. We tried, as far as possible, to find work for each, similar to his own line of work in civil life, and in the short time we had the men with us, it was shown clearly that, if the work were continued when they left us, it would be possible for them to make good in life. This applied fully as well to the "amputies" as to the men who had simply limited function in the injured member.

The following list of useful, practical things, have been made entirely by patients in these shops:

SHOE AND LEATHER SHOP.

309 Thomas heels
69 Goldthwaite, sacro-iliac belts
172 Figure eight foot straps
35 Leather corsets for artificial limbs
6 Ankle braces
7 Abdominal belts
13 Wrist straps
1 Suspensory

ONE OF THE WARDS AT CHRISTMAS

SCENE IN ONE OF THE WARDS, CHRISTMAS, 1918

CARPENTER SHOP.

21 Large tables
5 Letter racks, for Post Office
12 Back rests, for bed patients
12 Shelves made and put in wards
36 Bed cradles
7 Filing cabinets
4 Writing desks, with drawers and pigeon holes
10 Tin lined refrigerators
2 Medicine cabinets
10 Tin lined bread boxes
7 Large cupboards
5 Screens
3 Knife boxes
2 Bed pan racks
200 Walking canes
1 Chart rack
236 Signs, made and painted
600 Chart boards

MACHINE SHOP.

20 Steel braces, for prevention of toe drop
11 Steel knee braces
4 Walking caliper splints
6 Special traction arm splints
6 Special abduction arm splints
2 Gutter hand splints
3 Steel pelvic braces.

In addition to the splints and orthopedic appliances that were made daily in the machine shop, we made a great many knives, tools and instruments. We also

did all the mechanical repair work of the hospital, including renewing parts for boilers, ice plant, electric motors and automobiles.

### BLACKSMITH SHOP.

Here we made and tempered the steel supports used in the sacro-iliac belts, and brazed or welded all the splints that were made.

The efficacy of the work as a therapeutic measure is shown by the following figures:

| MONTH | NO. MEN ENROLLED | NO. MEN DISCHARGED | A CLASS | B CLASS |
|---|---|---|---|---|
| June | 58 | 25 | 52% | 28% |
| July | 93 | 65 | 46.1% | 41.5% |
| Aug. | 97 | 80 | 25% | 21.3% |
| Sept. | 119 | 103 | 21.4% | 41.8% |

The average hours worked in June were 14¼, in July, 28, in August, 21¼ and in September, 16¼.

There were during October, November, and December, more than a hundred patients attending the classes, and the work continued successfully, under the close supervision of the orthopedic surgeons, at the hospital.

## CHAPTER IX.

### Our Post Engineers.

When the company of the 15th Engineers left, in April, 1918, some of our mechanics were put in charge of all the construction, maintenance and repairs at the hospital. These ten or twelve men kept all the buildings, the plumbing, the electric plant and the water supply system in repair. Whatever machinery had to be installed was done by them, making the plant entirely independent of the engineering corps of the army.

The electricity in the hospital had given no end of trouble, so they completely changed the system until it gave entire satisfaction. The large water supply system with its filter beds and pumps was changed. A new pump was installed and the water level in the filter bed lowered twenty inches.

The prolonged rains made the roads in the hospital grounds almost impossible. These men set to work to build new ones and at the same time to grade the ground in the middle of the hospital oval. This required five hundred truck loads of crushed stone (which we might say was crushed by those who wittingly or unwittingly disobeyed orders)—and three hundred loads of cinders for top dressing. Excellent roads were thus made and the appearance of the hospital was greatly improved.

The men also installed the power plant and machinery for a first-class machine shop. Two 50 H. P. boilers

ROBIN AND HIS "IMPS"

were put in the laundry, and one boiler was placed in the kitchen. The buildings were all equipped with modern plumbing, and at the same time the interior of a great many of the wards was painted.

The portable ice-plant, which the Unit brought over with them, was mounted and rebuilt. This meant much to the hospital during the summer months. It furnished not only all the ice that was used in the care and feeding of patients, but by being connected with a room off of the kitchen, it also gave a cold storage place for meats and vegetables. A temperature of 10° F. above zero was maintained throughout the summer in this room.

The machine shop also did all the repair work on the boilers, motors and automobiles, and the many gasolene engines about the post. As the French often had difficulty in getting coal to supply the electric system for the town, and as it was absolutely necessary for us to have the power at all times (to run the X-ray machines and to care for the operating room)—an electric generator operated by a powerful gasolene engine was put in, thereby making the hospital independent of the local electric company.

The men in charge of the work were, Sgt. Johnson —General Repairs; Sgt. Law responsible for sewage disposal and the water supply, Corporal Grossman, directing all mechanical installation, and Corporal Livingston in charge of all electric appliances.

A VIEW FROM THE ENTRANCE AFTER THE BARRACKS HAD BEEN BUILT

## CHAPTER X.

### The American Soldier.

Much has been written about the American soldier during the Great War. Volumes are still to be written. Yet the one outstanding fact that will run through them all is that the American soldier was the real man in the war.

He it was who suffered the real hardships of the ocean voyage; he it was who hiked and drilled and worked in the training camp; he it was who stood in sticky mud being drenched with rain waiting for the zero hour; he it was who when that hour arrived crept under the barrage and met the enemy face to face; he it was who faced the machine gun and heard the shower of shrapnel and high explosives; he it was who proved himself a man.

Yet heroism was not finished at the battle line. The days in the hospital were the ones that really proved the stuff of which men are made. Here they would lie day after day. Dreadful gashes had been torn in their bodies, bones had been broken and bruised, arms and legs had been taken from them, yet there was little complaining over their lot. A peaceful spirit seemed to dwell within them—the consciousness of having acquitted themselves like men. Those who suffered most complained the least. The happiest ward and the ward where there was always some frolic and revelry was where the amputation cases were being

cared for. They always saw something in the future for themselves. One man who had lost his leg made a new one for himself at the orthopedic work shop and went to duty with the quartermaster corps at St. Nazaire. He could have been sent home but he wanted to stay until the war was over.

Most of the men when they came to the hospital were anxious to get back on the line with their outfits. Their first question would always be: "When do you think I will be able to get back?" It was this spirit which conquered and won.

The American soldier was cheerful in training camp, patient under hardships, calm, courageous and active in battle, enduring and long suffering in the hospital, and heroic when face to face with death. He fought a good fight. He kept his country's faith and honor. All glory to him!

## CHAPTER XI.

### Other Happenings.

In a brief survey such as this it is impossible to go into details in describing the workings of the departments. Books could be written on the laboratory, which was under the direction of Major Ralph Stillman and Capt. H. V. Weihrauch. The X-ray department under Major Archibald Busby and Lt. Charles L. Rudasill had one of the most complete equipments in the A. E. F. The Registrar's Office which worked day and night would furnish a volume of interesting reading. The Quartermaster Corps with Lt. Roy L. Hall in charge did a large amount of very important work. Beside rationing and clothing and paying the troops, it also ran a post commissary which was well stored with material, and operated a steam laundry working one hundred people, which did all the washing for the hospital. The quartermaster also had charge of the garage. Then there was the Post Office where sixteen men were constantly employed under the direct care of Sgt. Edwin A. Cruickshank. The work of the adjutant's office was most important and excellently done. Every department did its work well and the hospital really functioned as a Unit.

The following letters have been received since the Unit returned to the States:

THE AMERICAN RED CROSS.
NATIONAL HEADQUARTERS,
WASHINGTON, D. C.

March 28th, 1919.

Dr. C. L. Gibson, Director
Red Cross Base Hospital No. 9
72 East 54th Street,
New York, N. Y.

My Dear Doctor:

It is hoped that you have thought out a plan to keep Base Hospital No. 9 together, so that it will continue in existence. No doubt, everyone who has had active service with the hospital will desire to continue to be identified with it, in so far as circumstances will permit.

To accomplish this, a social organization should be set up, to which can belong not only every one who has ever been a member of your Unit, but anyone who may be added to it in the future.

From this organization, the Base Hospital personnel can be selected for enrollment in accordance with the regulations which the American Red Cross will issue as soon as they are definitely formulated by the Medical Department of the Army.

The important thing to be done, at once, is to keep the personnel connected with your hospital, to interest them in its future and by setting up this sort of a social organization, you can arrange to have reunions, which will give pleasure to all concerned and keep your organization intact.

When, for various reasons, members find that they are forced to discontinue active work in the Base Hospital they can still remain members of the organization and attend such social functions and reunions as may be held from time to time.

Red Cross base hospitals will be organized as 1000 bed hospitals and the government will store a unit of equipment for each hospital in a government storehouse as near as possible to the city in which this hospital is located.

Detailed instructions and muster rolls for your personnel will be issued in the near future. Please write me of any

plans you may have in mind which will help to keep the Red Cross Base Hospital prepared to meet any future emergency in the same magnificent way they did the one just passing into history.

The local Red Cross Chapter will be glad to render any cooperative assistance you may require to bring about the successful reorganization of your Base Hospital on a peace basis.

Very truly yours,

C. H. Conner,
Colonel, M.C. U.S.A.
Asst. Dir. Gen. Military Relief.

WAR DEPARTMENT.
OFFICE OF THE SURGEON GENERAL.
WASHINGTON, D. C.

April 26th, 1919.

Board of Trustees
New York Hospital,
New York City.
(Through the American Red Cross National Headquarters.)

Gentlemen:

Red Cross Base Hospital No. 9 accredited to New York Hospital, having been returned to this country for demobilization, I take this opportunity to express my appreciation of the invaluable services rendered the nation by this splendid organization.

It will always be remembered that the first organizations of the American Army to be sent overseas were Six Red Cross Base Hospitals and at the time of the great Allied offensive, beginning July 18th, 1918, thirty-nine of the forty-five base hospitals on duty in France and England were Red Cross hospitals.

Their readiness for service and the patriotic devotion to duty as well as the professional excellence of the personnel of these organizations have made them the chief reliance of the Medical Service of the forces in France while those on duty with the British have rendered equally valuable and appreciated aid to the British army.

It is earnestly recommended that effective measures be taken by you to keep the organization of your Unit intact, and that every effort be made to imbue its future personnel with the fine esprit to be expected in the possessors of the glorious heritage of splendid achievement handed down from The Great War by the original personnel of Base Hospital No. 9.

In this connection I desire to invite your attention to the excellent work done by Major C. L. Gibson, M.C., as Director of Base Hospital No. 9 and to ask that you convey to him my sincere appreciation of the value of the service he gave to our country in its time of need.

Sincerely,

M. S. IRELAND,
Surgeon General, U. S. Army.

The French people in the town showed the hospital every possible courtesy. The military and the civil authorities showed their friendly interest on every occasion. At the Memorial Day exercises held in the American cemetery, the Prefect, the Mayor, the French General, the Monsignor of the Cathedral and the French Protestant minister all took part. On the American holidays the French always helped with the celebrations and the hospital returned the courtesy on French national days. Captain A. Fondrevay, the liaison officer at the hospital was of great assistance to us and his kindly spirit made him beloved by all.

The days in France, although many of them were hard, are still filled with happy memories. We shall never forget the Christmas eves with their carol-singing through the wards nor the Christmas days on which we were made cheerful by giving others happiness. The delightful companionship, the visits to people in Châteauroux, the leaves to the Riviera, Dinard, Aix le Bains (called by the men aches and pains) Pau, and Eaux Bonnes (Pas Bonne). All of the unpleasant

A WARD AT DINNER

things, the petty trials and difficulties are now fading from the memory, and in their place stand out the big things that really counted and made our adventure in France worth while.

Yet we shall always remember the members of the organization, who while there, were asked to make the supreme sacrifice. Private Robert D. Lane, after a hard fight for life was taken from us on July 19th, 1918. He was buried in the beautiful American plot in the cemetery at Châteauroux. Every officer, nurse and enlisted man who was not on duty attended the service. He was loved by all.

The other member of our Unit was Florence W. Campbell, A.N.C. She was on a leave at Nice when she contracted influenza and died. Her body rests in the French Cemetery situated on a hill overlooking the blue Mediterranean. Her going was a distinct loss to the Unit. "May the souls of the faithful rest in peace. Eternal rest and peace grant unto them, O Lord, and let perpetual light shine upon them."

The American Cemetery in Châteauroux, which was cared for by the hospital under the direction of the Chaplain, was a very beautiful plot. It was located in the Cimitière St. Denis which was between Bitray and Châteauroux. Every grave,—and we left 153 men sleeping there,—was marked with a white wooden cross on which was placed the name, rank, organization, date of death and grave number of the man. Each grave was raised and sodded and during the summer months flowers were growing on the top. Men under Sgt. Udell were constantly working over the plot until it was very beautiful with its gravel walks, its well kept graves and many colored flowers. An inspector from the Graves Registration Service

A FUNERAL PARADE

THE AMERICAN CEMETERY AT CHÂTEAUROUX

MEMORIAL DAY SERVICE, MAY, 1918

said that it was one of the best kept cemeteries in the A. E. F.

The spirit of the men was splendid. They had many discouragements and difficulties, yet through them all they did fine work. After we were in France six months they got together and edited a Unit paper called *The Nine Times.* This was the first one published in the A. E. F. and received very favorable notices from the newspapers and periodicals in the United States. The men were forced to publish it irregularly because they were all working on hospital details which kept them more than busy. Then, there were difficulties in the printing of the paper at the French shop. However, the staff deserves the highest praise for what they did accomplish.

When the campaign was started to secure a fund for the support of the French War Orphans, the men again made a ready and generous response. They gave 2000 francs ($400) which was sufficient to care for four children for one year. Many of the things which they did for patients in the hospital will never be known. They were a splendid crowd of men.

The hospital has, as a permanent record, not only the many pictures which were taken by the Unit photographer, Pvt. Henry B. Chiljian, but also a complete set of moving picture films of all the activities of the place . Lt. Col. Hawley took a personal interest in this work and saw that a complete record was made. These films he offered to the New York Hospital, where they are to be kept permanently. It is an interesting and valuable possession.

## CHAPTER XII.

### The Red Cross.

One of the best friends of the hospital was the American Red Cross. From the day that the Unit landed in France until it was demobilized, the Red Cross was always willing to help and to give for the welfare of the men. No task was too large and no want too small, but that it was immediately cared for by this organization. To show some of the things accomplished let me quote *The Nine Times* (March 30th, 1918):

"We are all accustomed to join in praise of the Red Cross for the important and noble work that is done here in France in succoring war refugees; in reconstructing sections of the country devastated by invasion; and in furnishing the means of providing members of the American Expeditionary Force with comforts and recreational opportunities; but few of us stop to consider the many benefits Base Hospital No. 9 has received, and is now receiving from this organization. In the first place the Unit owes its very existence to the Red Cross, for under its auspices the former was originally organized and was not taken over by the Government until later on. Consequently, not a small share of the original equipment came from this source, as those who rustled Red Cross beds, boxes and barrels all night at the Bush Terminal Docks, while preparing for departure, have reason to remember. Then as soon

A GROUP AT THE RED CROSS HUT

THE POOL ROOM, A. R. C. HUT

AN OUTDOOR SING

as we arrived and were just getting settled, more Red Cross supplies, astonishing in variety and amount, started pouring in on us and have done so ever since—ward fittings of all sorts, clothing and tobacco for the patients, surgical supplies and dressings—until Sgt. Sharwell wished that the Q. M. storehouse was possessed of more elastic qualities.

"Subsequently, there followed large quantities of books and magazines, not to mention games, some of which, like chess and jig-saw puzzles, are intended for those who have patience and others for those who are patients. We have received almost enough baseball equipment to start a World Series while even in two such diverse things as quoits and bicycles, we have not been neglected. Red Cross comfort kits made our Christmas more enjoyable just as Red Cross seeds, now sprouting, are making our farm more productive.

"But as much as all these favors have been enjoyed, perhaps the most appreciated contribution made by the Red Cross to the Unit was the installation of the movies—a whole ward full of chairs, the service of an operator to run the machine and enough films for three shows a week. In fact, everything was furnished for us but the audience, and we had no trouble in supplying that."

Until the Red Cross was able to get its building—and they had no end of difficulty with the French labor that could be secured—the recreational activities were held in one of our hospital pavilions. Just about the time that this space was needed for patients the building was completed and their work began in a definite way. Until this time the work had been carried on by the Chaplain along with his other duties. Capt. Douglas Laird, A.R.C., was then sent by the Paris

Office to take care of this work. A staff of workers was sent to help him.

The Red Cross Hut as soon as it was completed was a scene of activity every hour of the day and part of the night. The main body of the building was a playground by day and a theatre by night. A stage at one end made it possible for a great many entertainments and A. E. F. shows to be given. At the other end was a canteen service—at which everything was given to the patients and the men. Every afternoon something was served—cocoa, apples, cakes, etc., and things were taken to the men who were not able to leave their beds. At this end of the hut there were sleeping quarters for the staff-workers. At the other end and behind the stage there was a large writing room which was supplied with paper, pen and ink; a large reading room and library; a supply room, and the administrative office.

Capt. Laird was succeeded by Capt. C. A. Arnett who came at a time when the hospital was overcrowded with patients, and the need for the ministrations of the Red Cross was most urgent. He and Mrs. Arnett gave themselves untiringly and everything that could be done was done. The work in the wards was emphasized and workers were there continually distributing supplies, giving magazines, writing paper and exchanging books. They also brought a great many entertainments to the wards. At the same time the work went on in the hut in a most wonderful way. It was with a feeling of regret that we all received the news that Capt. Arnett would have to return to the States and take up his work at the University of Montana. Miss Helen Hall, who had been on the staff, took up the duties and handled them in a most capable

THE OFFICERS' CLUB

THE NURSES' HUT

way. The Red Cross workers and their work "get a high mark."

There was another thing that the Red Cross did which meant much to the patients and the people at home. That was the work of Miss Edith Metcalf and Miss Anna Wheeler of the Home Communication Service. They spent their entire day in the wards writing letters for the men who could not write and in doing other works of mercy. They brought much comfort and cheer in everything they did.

In the early days of our stay in France, the officers clubbed together and erected a building as a rest and meeting place. After it had been in use for some time the Red Cross bought the building, added some extra comforts and gave it back to the officers for their use. They also erected a building for the nurses and furnished it. Miss Helen Joy, a Y. W. C. A. worker, became the hostess. She soon earned for herself a distinct place in the life of the Unit and the Nurses' Hut became the place for all "off duty." Tea was served every afternoon and occasional dances were given here. These three places of recreation furnished by the Red Cross meant everything to the life of the Unit.

## CHAPTER XIII.

### The Surgical Dressing Workroom.

This work, which was under the direction of Miss Maud Ferguson, was of prime importance to the hospital. It not only gave a great many patients—both bed and walking patients—something to do to fill the long hours, but it also provided most of the surgical dressings used in the work.

Every day from 800 to 1,200 yards of gauze was cut. This was sent to patients in the wards who folded it into compresses. All the newspapers around the hospital were sent to the workroom where they formed the basis for Carrel dressing and mattress pads. Here were also made all the straps and slings necessary for the splints. All the plaster bandages were made and all the Carrel tubing was pinched and tied in this room. The dressings used in the operating room and the wards were requisitioned and distributed from here. During the time the hospital was in operation only fifty cases of dressings were secured from the Red Cross. As we had the gauze and the men were anxious to do something, it was greatly to our advantage and to the advantage of the Red Cross to have them made here. The following tables from Miss Ferguson's report will give one an idea of the amount of work done and the amount of material used by the hospital during a given period.

A WARD AT CHRISTMAS

## 1918.

| MONTH | KINDS OF BANDAGES | NUMBER MADE |
|---|---|---|
| May | 4 x 8 Compresses | 27,810 |
| | 4 x 4 " | 26,000 |
| | 2 x 2 " | 38,000 |
| | Large Carrel Pads | 1,380 |
| | Small Carrel Pads | 572 |
| | Mattress Pads | 588 |
| | Gauze—3 yard roll | 210 |
| June | 4 x 8 Compresses | 21,400 |
| | 4 x 4 " | 22,600 |
| | 2 x 2 " | 26,700 |
| | Large Carrel Pads | 708 |
| | Small Carrel Pads | 304 |
| | Mattress Pads | 314 |
| | Gauze—3 yard roll | 461 |
| July | 4 x 8 Compresses | 31,000 |
| | 4 x 4 " | 35,000 |
| | 2 x 2 " | 30,000 |
| | Large Carrel Pads | 997 |
| | Small Carrel Pads | 494 |
| | Mattress Pads | 502 |
| | Gauze—3 yard roll | 225 |
| August | 4 x 8 Compresses | 38,800 |
| | 4 x 4 " | 31,000 |
| | 2 x 2 " | 71,000 |
| | Large Carrel Pads | 2,100 |
| | Small Carrel Pads | 819 |
| | Mattress Pads | 1,030 |
| | Gauze—3 yard roll | 570 |

| MONTH | KINDS OF BANDAGES | NUMBER MADE |
|---|---|---|
| September | 4 x 8 Compresses | 30,000 |
| | 4 x 4 " | 27,000 |
| | 2 x 2 " | 46,500 |
| | Large Carrel Pads | 1,646 |
| | Small Carrel Pads | 920 |
| | Mattress Pads | 918 |
| | Gauze—3 yard roll | 154 |
| October | 4 x 8 Compresses | 38,300 |
| | 4 x 4 " | 22,000 |
| | 2 x 2 " | 59,000 |
| | Large Carrel Pads | 1,766 |
| | Small Carrel Pads | 1,127 |
| | Mattress Pads | 1,230 |
| | Gauze—3 yard roll | 92 |
| November | 4 x 8 Compresses | 52,000 |
| | 4 x 4 " | 16,900 |
| | 2 x 2 " | 6,300 |
| | Large Carrel Pads | 2,160 |
| | Small Carrel Pads | 1,500 |
| | Mattress Pads | 1,315 |
| | Gauze—3 yard roll | 112 |

All of this work was done by patients and at no time was there a Unit man assigned to this work-room.

THE ADJUTANT'S OFFICE

## CHAPTER XIV.

### Revelations.

From the day that Major Pool taught us to say "Sir, the Major's horse is waiting" until the time when the A. P. O. marked against the name of Base Hospital No. 9—"abandoned" (which Chief Weihrauch said was the truth) there were little intimate things happening which the members of the Unit will truly appreciate. Living the community life which we did, everything was known to everybody (?). The men lived in barracks where all things were shared in common; the nurses learned the gossip of the day at bed-check; while the officers gathered at the Zuby Café—(not found in Châteauroux) and talked over the current events.

For a time Williamson's camouflage held the attention of the entire Unit. He gave as his reason for having it, not that he wanted to impress Tom Davis with his ability in treating malingerers but that it was a great help in psycho-analysis. Then he would refer to Freeman with a proud and that-settles-it gesture.

Then came a day when the nurses wanted to give a tea to the enlisted men. In the army, the nurses only said good morning or good evening to the enlisted men. This was simply for the sake of discipline—either the discipline of the nurses or the discipline of the men—nobody knows which. Anyway, the nurses who had always obeyed every order, as

they saw fit, asked special permission of the Commanding Officer to allow them to show at least their interest in the men. After much heart searching he gave his consent but added, "only the old and homely nurses may receive at the tea"—and so the tea was held and the following nurses served.————————— But that really isn't necessary to the story.

One night while the Unit was still at Savenay and the officers were living in a dormitory, this interesting thing happened. There were numerous snorers of all grades and shades sleeping in that room. Shine, who had been on some military duty in the village, came in late. He went to bed but couldn't sleep with such an artillery barrage sounding in his ears. Suddenly he remembered seeing a room with a bed in it in one of the other buildings. So wrapping his bed clothes around him, he crept softly through the corridor, climbed the steps, opened the door and entered the room, closing the door behind him. Suddenly a shriek shook the air and a female voice shouted, "A man! a man is in my room!" Shine got away before the guard came to rescue the lady.

General Pershing visited the hospital one morning. He came in a most informal way and at a most awkward time for an inspection. Other inspecting officers usually wrote a letter or sent a telegram saying that they were coming, but General Pershing just walked or rather drove right in. And it was Monday, too, a day on which nobody expects callers. The guard recognized him, forgot to salute and blurted out, "Wait a minute. I'll get the Commanding Officer." Strains of music were heard coming from the administration building so the C. O. was easily located. Then the fun began. Word was sent around to have the guard

THE FARM

THE FARM

mounted so at least the General could be given a military good-bye. Soon the kitchen building wa reached. Sgt. Udell was in charge at that time. Somebody called out "Attention." The cooks all "came to," but seeing these officers going around decided they could go on with their work. Just at this time the General came to the Sergeant and asked him a technical question about rations. The sergeant, remembering "the big book," wriggled out of attention, picked up a broom, leaned against it and began, "You see——." But that is as far as he got. The General lined the kitchen force up and gave them a lecture on military etiquette. And the dinner burned.

By the time "Himself" got to the gate, the guard was there. And what a looking guard it was! Some had on boots, some leather puttees, some woolen leggins, some overcoats, some blouses, some shirts without a tie, some hats, and some without hats. As the General passed, someone shouted "Eyes right" and every man stood with "mouth open." They too were given a short lecture which gave Bugler Daggett and several others an opportunity to get a picture of the Big Chief. Yet we really were a very military outfit.

Busby went to a card party in the Nurses' Quarters and had a terrible time with his wrapped leggin. Schrock too had a party and wore his new overseas cap. He was proud of it and kept putting it on and saying, "See my new cap. See my bare knees!" Chapman and Hawley had a party at the Hotel de France. Some soldiers became unruly and disorderly. As these officers had left their Articles of War at the hospital they were at a loss as to how to act. Chappie suggested that they go home and get the book. They walked two miles to the Post and "the book" could not be

found, so they asked the C. O. the method of procedure. They learned, and so did all the other officers.

Erskine was adjutant for a time and one of his duties was the disciplining of the nurses. It happened that the nurses had bicycles and found that the uniform hat was a great hindrance when riding. The result was that headgear of various styles and shades of color were being worn. Orders were that nurses must be in uniform when they left the Post. A meeting was held and the nurses' objection seemed reasonable to the adjutant. But what was he to do? He knew that he couldn't design a hat and he also knew the general order on uniforms. This happy idea came to him, "I'll appoint a committee of the whole and they will design a model which will be submitted to me, and this model must be worn by all who leave the Post." Now can you imagine one-hundred-and-fifty women planning a hat that would please everybody? Henceforth, Erskine was known as the Millinery Adjutant.

This same Adjutant was hurriedly called to the office of the Chief Nurse one afternoon and the following conversation took place.

C. N. Major, I was at the officers' ward and what do you suppose I saw?"

ADJ. I don't know.

C. N. Well, one of the nurses who is not on duty there was in one of the rooms where there are sick officers and she was sitting on one of the beds.

ADJ. Haven't we chairs in the officers' ward?

C. N. But that is not the serious part. As I looked in, I saw his arm around her waist.

ADJ. Are you sure?

C. N. Yes, I am. Now what do you think I had better tell her?

ADJ. Tell her to be more careful next time. And I would suggest to her that she see that the door is closed—hereafter.

The men of the Unit were all anxious to get in the line. They had joined the hospital corps because it was going to France early in the game and they believed that when they were over there a transfer could easily be effected. But the powers ruled otherwise and it was almost impossible to transfer. Some sergeants asked to be reduced to the ranks, thinking in that way they could more easily get to the infantry. Ninety-five out of every hundred men asked for a transfer to other branches of the service. When all hope was shattered, two of the men decided that they would go A. W. O. L. and make for the line. They made the fatal mistake of going by way of Paris where they were captured by the M. P. After spending a week there under the direction of the police, they were glad to return to the Post. However, these men—as were many others—were sincere in their desire to get into combat service. It was too bad that some arrangement could not have been made to give them an opportunity for the service which they desired.

One day one of the nurses saw two children playing in back of the nurses' quarters. They were very dirty and their clothing was soiled and worn. Near them was a man digging a ditch. The nurse's heart went out to the children. She had some things in her trunk brought over for French children and this was her first opportunity of placing them where they were needed. So she got the children, took them to her room, gave them a bath and put on them the new clothes. Then she took them out to the man who was digging. As her control of French was limited she thought that

perhaps he would understand her English if she made enough signs. So she began: "I gave the children a bath—un bain—les enfants." Looking up, he simply nodded and smiled. Then pointing to the clothes she said, "I gave—for them—you keep." The man looked puzzled and distressed so she thought that he was insulted. "Pardon," said she, "I hope your wife won't mind." The man, realizing the situation, began to laugh and breaking all military rules replied, "No, she won't mind. She is in America. I am a member of the Unit." The nurse fled.

One night Bolling was Officer of the Day. Sinuk, the tailor, was walking the post in the rear of the hospital. Just to be sure that Sinuk was not counting the money that he took in during the day at his shop, he rambled down that way. This is what took place.

SINUK. Halt, who goes there.

BOLLING. Officer of the Day.

SINUK. Advance and be recognized. (Bolling advances.) As he draws near Sinuk remarks—I wasn't afraid. I knew who you was all the time. I'll have your suit ready to-morrow morning.

One day Kent, who was then Detachment Commander, held a meeting of the men to get their point of view and to have them state their grievances. When he had finished his talk and explanation of affairs, he asked if there were any questions they wanted to ask. Here are a few of them:

WALKER. Will the rations vary at all?

TINY. Capt. Kent, which would you prefer for breakfast, beans or hash?

VIOLA. I ask free shaves.

FIEGENBUTZ. The cake is bad.

WAGNER. We should have free tobacco.

THE LAUNDRY

BRAUMILLER. K. P. is a rotten job.

GREENE. Why can't the engineers work in the kitchen?

WEINZIMMER. Is this an organization of the Boy Scouts?

One day Dineen thought that he could ride a motor cycle. Corporal Gelhaus had taught him how to start the machine and as Dinny in days past had ridden a bicycle he naturally inferred that all would go well. Well it did go well. The farther it went, the better it got, until it far exceeded the French speed limit. Directly in the path of the glorious rider was a curve. All eyes were turned on Dinny and they were many. To show his calmness and his excellent technique, he threw off the gas and put on the brake and went flying into the Registrars' office. Zulauf and his force were there to receive him—for it had been told around the Post that the adjutant would be a likely patient. However, there were no bones broken but Eliesku had to wash a khaki suit and a motor cycle was sent to salvage.

The following conversation was heard in the corridor one day: "I understand that Holst was admitted to Erskine's ward this morning." "Yes, so I understand. It is too much of 'Holst, take a memorandum' (Holst was secretary for the C. O.) I don't know but I hear this,—his ear is discharging faster than Kent is discharging patients in Ward X."

After Col. Tasker was relieved of the command, Cussler likened the C. O.'s office to a pawn-broker's sign. Whenever one went to the office there were three heads together, solving and unsolving the affairs of state. Hawley, Busby and Zulauf ran the show and ran it well. It was during this régime that the motto

THE KITCHEN

of the Unit became "Play the big game." Hawley is the only C. O. on record who missed three Generals in one day.

One day one of the officers was walking down the corridor and an enlisted man came along, looked him squarely in the eye and passed on. This officer thought to himself that discipline was getting very lax when this thing would happen. So he called the man back and asked him if he knew who he was. The man said, "Yes, an officer." "Why don't you salute an officer then when you recognize him?" asked the officer. The man said, "Because I am above you and you should bow the knee to me." This was too much for the officer who called the guard and had the man put in the guard-house. A few minutes later, Williamson went to his ward and found one of his patients who believed himself to be the Holy Ghost missing. He soon learned that Major B. had put the Holy Ghost in the guard-house. This officer never asked another man why he didn't salute.

Sometimes the officers would give dances that were termed "functions." On the day of these functions, at officers' call the following talk would be given: "I hope that the officers will remember to-night that they are to be hosts and must act accordingly. I notice that at most of our dances, officers dance with the same nurse time and time again. This should not be and I hope that to-night you will dance one dance with each nurse and no more. Moreover, I want every officer to dance with——." Then evening would come. The orchestra would be playing and everybody would be having a good time. The speaker would enter dressed in spurs. A pink sweater would attract his attention and he would see no one else in the room

all evening. Which only goes to prove that it is easy to give orders.

Bolling said that we surely had the social evil in the hospital. He named them, and all agreed that the amount of their conversation was truly a social evil.

One night the nurses were invited to a dance at Issoudun—the large American aviation centre in France. The nurses went to no end of trouble to get ready and to be ready when the time came to go. There were three bus loads and one was in charge of Stillman. His was the last car to start and it went in the general direction of Issoudun. But it never arrived. Just where they were, nobody knows, but they came back at four o'clock in the morning covered with dirt and dust. Stillman was not popular with several members of the nursing staff for days. This same officer distinguished himself at a banquet by a most scientific and illuminating speech on the subject of leucocytes.

One day between Christmas and New Year's (1918) a notice was posted on the bulletin board that all men must be in their barracks at 9.15 that evening. No reason was given, but the rumor was started that some kind friend of the New York Hospital had sent every man of the Unit, $60 as a Christmas gift. One man was so sure of this that he bet his next pay day allowance. Needless to say every man was in quarters ready to cheer when the announcement would be made. Imagine the surprise and the unanimous groan when the officers appeared and announced, "Get undressed. We will have a medical inspection."

Before closing the chapter I would like to record some of the sentimental doings of the Unit. In this respect history is still being written. Yet much love

and romance of the days in France will never be written by me. However the following were married.

Capt. William Kellogg . . . . M.C. U.S.A.
Miss Kathleen Kennedy . . A.N.C. U.S.A.

Lt. Clay Ray Murray . . . . M.C. U.S.A.
Miss Mary Savage Hamilton . A.N.C. U.S.A.

Major James P. Erskine . . . . M.C. U.S.A.
Miss Mary Evans . . . . . A.N.C. U.S.A.

Capt. Addison Bissell . . . . . M.C. U.S.A.
Miss Genevieve Cook . . . A.N.C. U.S.A.

Corporal Charles Corlett . . . M.C. U.S.A.
Miss Cecile Dubucnoy . . . .

Pvt. Henry B. Chiljian . . . . M.C. U.S.A.
Mlle. Victorine Alexandrine Agorges

Cpl. Harold B. Hall . . . . . M.C. U.S.A.
Mlle. Marguerite Fadeau . . .

Since our return to the States, Captain Richard Stephens, M.C. U.S.A., and Miss Ella Mary Krans, A.N.C., were married in the Cathedral of St. John the Divine. Lt. John Bertram Watson and Miss Laura Arnold were married in Calvary Church by the Chaplain. Lt. Col. Burton J. Lee and Miss Louise Freeman were married in the Cathedral of St. John the Divine by Bishop Burch. The engagement of Lt. Edward Duff, E.C. U.S.A., to Miss Maude A. Towle, A.N.C., has been announced. Other engagements will soon be made known which only goes to prove that all is fair in war and ——.

The following figures, which speak for themselves, will be a revelation to many members of the Unit.

For instance:

We used the following amount of food in one day.

900 pounds of meat
100 dozen of eggs
1500 pounds of potatoes
1500 pounds of bread
350 liters of fresh milk
100 pounds of coffee
450 pounds of sugar

There were 15 cooks, 90 enlisted men and 25 French women working in the kitchen. The chief cook was a graduate of Columbia University and practised architecture before joining the army. The chief of light diets was a fashion designer in civil life. Another cook was a dancer seen on the Broadway stage just a few weeks before the Unit sailed. Another was a travelling salesman for a tobacco house, while another ran an elevator in the Metropolitan building.

With the dish-washer purchased by the New York Hospital enough dishes could be washed for 800 people every 30 minutes.

The ice-machine produced 2000 pounds of ice every 24 hours.

The bakery could turn out enough cake, pies and cookies in sufficient quantity to feed 2000 people every day. A day's work would be 2500 doughnuts, 100 cakes and 450 pies.

The Christmas Dinner (1918) consisted of the following:

165 turkeys—weight 2200 pounds
1500 pounds of potatoes
600 pounds of carrots
144 cans of peas
354 mince pies
25 pounds of nuts
120 cans of cheese
100 pounds of coffee

Added to this was bread, and the bread used in making the dressing.

1800 ton miles was the amount of trucking in a month necessary to feed the hospital.

A marine boiler was installed to run the kitchen. The steam was transmitted to the coffee urn to boil the coffee. It ran the dish-washing machine and heated the water for the sinks.

The C. O. ran the mess for a time. While watching the potatoes boil he would dictate a memorandum to his stenographer for Lt. Dugdale concerning the proper temperature of the water in which sheets were washed. This same C. O. after being in the kitchen for three days gave the mess sergeant a vacation for two weeks. Yes, the job was a hard one.

THE HOSPITAL FROM AN AEROPLANE

THE LABORATORY

## CHAPTER XV.

### The Enlargement of the Hospital.

When the Americans became active on the line and a large number of wounded were pouring into all the hospitals, word came that our plant would have to be enlarged. At that time we had 34 buildings of brick and stucco and 34 barracks of service de santé and adrian type. These were filled to overcrowding with patients.

Immediately, authority was granted to requisition buildings in the town, and the Engineering Corps ordered to construct a convalescent camp of 1000 bed capacity. This was completed shortly after the signing of the Armistice but was never used. The École Normale, which we called Annex No. 1, was equipped and 200 patients sent there. Also the Barracks St. Christophe (Annex No. 2) holding 400 patients was taken over. Other buildings were requisitioned but the signing of the Armistice made it unnecessary for us to use them.

We had an agreement with the French Government, that should they need hospital space we would take care of 200 wounded. During the summer of 1918 hospital space was needed and we took their full quota, most of the cases being seriously wounded. Because of the excellent way in which the patients were treated, Major Richard Bolling, 1st Lieut. Paul A. Dineen, Miss Mary Krans, Miss Lulu Ryan and

Sgt. Allen B. Tint were decorated with the "Medaille des Epidemies." Another member of the original Unit, Lt. Col. B. J. Lee, who became Consulting Surgeon of the 2nd Division, was decorated with the Distinguished Service Medal and the Croix de Guérre for efficient administrative work during the Château-Thierry drive. Sgt. William Atkinson was decorated by the French Government for the excellent work done on the hospital farm.

On December 31st, 1918, word was received that our organization was to be replaced and that we were to go home. This proved to be true in a measure, for on January 4th, 1919, Base Hospital 63 under the command of Col. Charles Wilcox came to take over the work. On January 14th, the patients numbering 559, the property of the hospital, and the funds were turned over to their care.

At that time our personnel was listed at 46 officers, 86 nurses, 3 American civilians, 17 reconstruction aides, 268 enlisted men and 40 French civilians. Within a few days, word was received from the Chief Surgeon to transfer all who had not been in France one year to Base Hospital 63. This cut our roll to 21 officers, 43 nurses and 130 enlisted men.

Lt. Col. Hawley was ordered back to the States for duty and the Command came to Major James P. Erskine who brought the Unit home.

A CLASS IN THE WORKROOM

## CHAPTER XVI.

### The Last Days.

These last days were the hardest days in France. We had finished our work, others had taken our places, we were wearing three service stripes, and we wanted to go home. Day by day we watched the mails for orders but they didn't come. We visited Paris, the line, and the Pyrenées. Our men went back to guard duty (after a few months in France only six men had been on guard, but the C. O. of Base Hospital 63 felt that he needed at least 50) and did other duties around the Post. The nurses went back to the wards and the officers did all kinds of "military tictacs." On January 25th we went on the priority sailing list in the Chief Surgeon's office at Tours and on February 10th we were dismissed from duty in the A. E. F. And still we waited and with Chief Weirauch said, "Je suis très fâché."

But on March 4th our orders came and this is how they read:

BASE HOSPITAL NO. 9—AMERICAN E. F.
FRANCE.

March 4th, 1919.

SPECIAL ORDERS NO. 55
EXTRACT.

Par. 5. In compliance with telegraphic instructions from Troop Movement Bureau, Hdqrs. SOS

Dated March 3d, 1919, the following named officers and 130 enlisted men will proceed from this station to Nantes, France, for return to the United States:

| | | |
|---|---|---|
| Major James P. Erskine | M.C. | U.S.A. |
| Major Francis W. Shine | M.C. | U.S.A. |
| Major Louis B. Chapman | M.C. | U.S.A. |
| Capt. G. Walter Zulauf | M.C. | U.S.A. |
| Capt. H. V. Weihrauch | M.C. | U.S.A. |
| Capt. F. S. Echeverria | M.C. | U.S.A. |
| Capt. R. Stephens | M.C. | U.S.A. |
| Capt. R. C. Blood | M.C. | U.S.A. |
| Capt. F. E. Adair | M.C. | U.S.A. |
| 1st Lt. P. A. Dineen | M.C. | U.S.A. |
| 1st Lt. A. H. Dugdale | M.C. | U.S.A. |
| 1st Lt. G. L. Rudasill | M.C. | U.S.A. |
| 1st Lt. M. H. Todd | M.C. | U.S.A. |
| 1st Lt. J. B. Watson | D.C. | U.S.A. |
| 1st Lt. R. S. Brown | Chaplain | |
| 1st Lt. John Lane | San. Cps. | |
| 1st Lt. R. T. Brogelmann | San. Cps. | |
| 1st Lt. R. G. Carothers | M.C. | U.S.A. |
| 2nd Lt. R. R. Hall | Q.M.C. | U.S.A. |
| 2nd Lt. W. G. Sharwell | San. Cps. | U.S.A. |

The travel directed is necessary in the military service.

By order of Major Erskine.

R. T. Brogelmann,
1st Lt. San. Cps. U. S. A.
Adjutant.

The nurses went at the same time, but their order read to La Boule. Now we thought that we were

going home,—but not so. That evening the train arrived at Nantes where our Billeting Officer, Capt. Johnson, told us that the nurses would go on to La Boule and that the officers and enlisted men would go out into the country to a place called Vallet where perhaps they would remain six weeks. Our hearts sank.

But orders were orders. The nurses went on under the care of Major Bolling and on the following Saturday, March 8th, they went to Brest and sailed for home on March 16th aboard the *Leviathan.* Their trip home was a pleasant one. Two of the nurses lost their suit cases by having them too near the railroad track and one of the number (Miss Jean McKay) had several ribs broken while boarding the train at Quimper.

The men went on to Vallet and the officers followed. Vallet is a picturesque town surrounded by wonderful rolling hills and grape vineyards. There is a public square (which is really the town) on one corner of which was a cathedral-like church, with a clock that struck every fifteen minutes of the day and night. We were billeted around the place and for the greater part of our stay had as our companions Base Hospital 19 (The Rochester Hospital Unit). This made twice as many Americans as French in the place.

We were told that before we could leave there, we would have to prove that we were good children and at the same time pass an inspection on infantry drill and equipment. We had been provided with equipment at Châteauroux so that part was easy, but there had been no drill formations since the days at Governor's Island. We had been a war and not a peacetime organization. But the men drilled in the morning, they drilled in the afternoon, they drilled rainy days and they drilled sunny days. They worked hard,

A SOLDIER RECEIVING THE DISTINGUISHED SERVICE CROSS

showed a fine spirit and were rewarded with a high mark by the inspecting officer. And then we waited to go home. Other organizations with less service went through Nantes and aboard ship. And still we waited. And still it rained. And we were a happy bunch!

Then on the fifth of April all the officers but six were detached and sent to Brest and went home the following week on the *George Washington.* Those of us who were left settled back for another month at Vallet, but on Wednesday evening, April 9th, a Medical Officer came out from Nantes and gave us our examination. Our orders came a few hours later and on Friday, April 11th, we went to St. Nazaire.

The work of those in charge of the Camp at St. Nazaire should be told. The work was done under a well regulated system, orders were carried out promptly, and everything moved like clock work. The comfort of all who should pass through there seemed to be of the first importance.

That evening we went to Camp II where the next morning we had our medical examination, our passenger list checked and our orders made out. On Sunday, April 13th, we marched to Camp I, where the men's clothing was put through the sterilizer and some new equipment furnished. The men were paid here. That afternoon General Pershing inspected the Unit in company with others who were to go aboard ship. The next day we went aboard ship under the following order:

SERVICES OF SUPPLY
HEADQUARTERS EMBARKATION CAMP
BASE SECTION NO. 1.
ST. NAZAIRE, FRANCE.

13 April, 1919.

SPECIAL ORDERS. NO. 103.

EXTRACT.

Par. 22. The following named Hospital Units with strength in officers and enlisted men approximately as indicated, having reported to these Headquarters for return to the United States in compliance with Paragraph 6, Special orders No. 100, Headquarters United States Troops, Nantes, dated April 7, 1919, will proceed at once on board the U. S. S. *Princess Matoika*, to the United States, reporting on arrival at the Port of Debarkation to the Commanding General thereof for instructions:

| | OFFICERS | MEN |
|---|---|---|
| Base Hospital No. 1 | 7 | 156 |
| Base Hospital No. 9 | 6 | 130 |
| Base Hospital No. 52 | 4 | 156 |
| Base Hospital No. 58 | 4 | 150 |
| Base Hospital No. 67 | 5 | 191 |
| Base Hospital No. 68 | 4 | 195 |
| Evacuation Hospital No. 1 | 4 | 195 |
| Evacuation Hospital No. 2 | 4 | 159 |
| Evacuation Hospital No. 4 | 2 | 148 |

Compliance with this order, after arrival in the United States, is subject to such delays as may be imposed by the authorities at the Port of Debarkation

in accordance with orders from the War Department relative to debarkation, quarantine and demobilization.

The Quartermaster Corps will furnish the necessary transportation and subsistence enroute.

The journey is necessary for the public service.

By order of Colonel Parsons:
C. T. Stahle,
Major, C.A.C.
Administrative Adjutant.

We remained in Port two days because of a storm that was raging in the Bay of Biscay, but on Wednesday, April 16th at 3.10 a.m. we left the pier and were homeward bound.

The voyage was a pleasant one. All of the troops wanted to land in New York, but the Captain received orders to proceed to Newport News, Va. We landed there on Sunday morning, April 27th and went at once to Camp Hill.

Here the men were given another medical examination and their clothing was again sterilized. We stayed here until Saturday night when we were put aboard the Steamer *Jamestown* and sailed for New York. We were all glad of the opportunity of at least coming into New York Harbor. The next morning we went to Long Island City and then by train to Camp Upton. Here the organization waited until the 77th Division had been demobilized and on May 15th, 1919, every man was given an honorable discharge.

Since our return to the States an organization of the American Legion known as the New York Hospital Post has been formed. In this way, the fellowship and comradeship which meant so much to all during the days in France will be preserved.

THE CHAPEL ALTAR

## AN APPENDIX.

This part of the book will show:

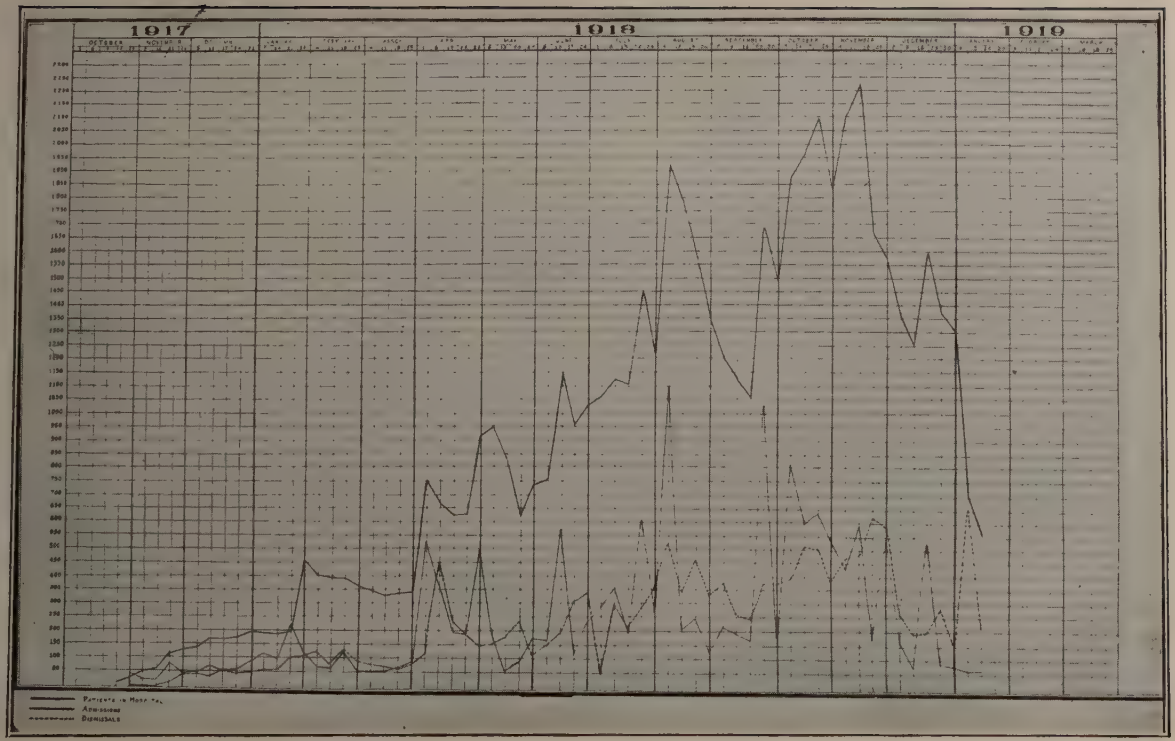
1. Number of Admissions and Dismissals
2. The Curve of Patients in the Hospital
3. The Number of Operations
4. List of Cases Treated at the Hospital
5. Summary of Post Farm Products
6. The Hospital Fund Statement
7. A Few Hospital Orders
8. The Laboratory Report

## SOME INTERESTING STATISTICS.

### 1. Admissions and Dismissals.

BASE HOSPITAL NO. 9—ADMISSIONS AND DISMISSALS

| 1917 | ADMISSIONS | DISMISSALS | AVERAGE | HOSPITAL DAYS. |
|---|---|---|---|---|
| August | 2 | 2 | | |
| September | 13 | 4 | 3 | 104 |
| October | 42 | 16 | 16 | 498 |
| November | 189 | 66 | 92 | 2,763 |
| December | 280 | 211 | 178 | 5,534 |
| 1918 | | | | |
| January | 585 | 392 | 383 | 11,875 |
| February | 306 | 370 | 400 | 11,207 |
| March | 751 | 359 | 363 | 11,247 |
| April | 1,205 | 1,045 | 689 | 20,669 |
| May | 610 | 780 | 824 | 25,543 |
| June | 1,251 | 928 | 1,008 | 30,226 |
| July | 1,974 | 1,332 | 1,212 | 37,603 |
| August | 1,254 | 1,782 | 1,595 | 49,459 |
| September | 1,640 | 1,376 | 1,336 | 40,096 |
| October | 2,618 | 2,132 | 1,950 | 60,450 |
| November | 1,584 | 2,098 | 1,813 | 54,384 |
| December | 791 | 904 | 1,386 | 42,978 |
| 1919 | | | | |
| January 1–13 | 124 | 863 | 678 | 8,817 |
| | 15,219 | 14,660 | | |
| | To B. H. No. 63 | 559 | | |
| | | 15,219 | | |
| | Total deaths | | 154 | |
| | Dead on admission | | 21 | |
| | Death rate | | 133 | 0.87% |




THE CURVE OF PATIENTS IN THE HOSPITAL

(SEE OPPOSITE PAGE)

## 2. The Curve of Patients in the Hospital.

This is of unusual interest as it indicates rather clearly the prominent engagements in which the Americans took part. One can see that the curve rises shortly after the beginning of the Allied Offensive (July 14th, 1918) also after the St. Mihiel and Argonne drives. It falls very rapidly after the signing of the armistice. (See chart on opposite page.)

## 3. The Number of Operations.

| 1917 | TOTAL | GEN. SURG. | ORTH. | EYE, EAR, NOSE & THROAT |
|---|---|---|---|---|
| September | 3 | 3 | 0 | 0 |
| October | 5 | 4 | 1 | 0 |
| November | 31 | 29 | 0 | 2 |
| December | 51 | 38 | 3 | 10 |
| January | 71 | 52 | 5 | 14 |
| February | 76 | 65 | 7 | 4 |
| March | 69 | 37 | 8 | 24 |
| April | 137 | 80 | 48 | 9 |
| May | 157 | 93 | 60 | 4 |
| June | 177 | 104 | 65 | 8 |
| July | 211 | 126 | 78 | 7 |
| August | 277 | 187 | 84 | 6 |
| September | 190 | 105 | 73 | 12 |
| October | 278 | 191 | 67 | 20 |
| November | 275 | 172 | 81 | 22 |
| December | 105 | 65 | 37 | 3 |
| January 1–7 | 16 | 10 | 6 | 0 |
| | 2,129 | 1,361 | 623 | 145 |

## 4. List of Cases Treated at the Hospital.

Completed cases—Base Hospital No. 9, September, 1917, January, 1919.

## Section I.

### INFECTIOUS AND EPIDEMIC DISEASES (TUBERCULOSIS AND VENEREAL DISEASES EXCEPTED).

| | | |
|---|---|---|
| Chicken Pox | | 1 |
| Diphtheria | | 28 |
| German measles | | 58 |
| Influenza | 1,041 | |
| convalescent from | 60 | 1,101 |
| Jaundice, acute infectious | | 2 |
| Malaria | | 7 |
| Measles | | 58 |
| Meningitis, meningococcus | | 21 |
| Meningitis carrier | | 1 |
| Mumps | | 332 |
| Purulent infection and septicemia | | 1 |
| Erysipelas | | 4 |
| Septicemia | | 5 |
| Rheumatic fever, acute | 113 | |
| articular rheumatism | 105 | |
| muscular rheumatism | 53 | 271 |
| Scarlet fever | 53 | |
| convalescent from | 6 | 59 |
| Tetanus | | 5 |
| Trachoma | | 5 |
| Trench fever | | 4 |
| Typhoid fever | 3 | |
| convalescent from | 1 | 4 |

## Section II.

### TUBERCULOSIS.

| | |
|---|---|
| Bones and joints, tuberculosis of (including Pott's Disease) | 29 |
| Larynx, tuberculosis of | 1 |

| | | |
|---|---|---|
| Pulmonary, acute, miliary tuberculosis | 3 | |
| chronic, incipient | 6 | |
| moderately advanced | 65 | |
| far advanced | 0 | |
| under observation | 125 | 199 |
| Other organs, tuberculosis of | | |
| Lymphadenitis, tuberculous | 8 | |
| Peritoneum | 2 | |
| Testicle | 1 | |
| Tongue | 1 | 12 |

## Section III.

### VENEREAL DISEASES.

| | | | |
|---|---|---|---|
| Gonococcus infection | | | |
| gonorrheal arthritis | | 25 | |
| gonorrheal diseases of the eye | | 1 | |
| gonorrheal epididymitis | | 50 | |
| gonorrheal lymphadenitis | | 3 | |
| gonorrheal stricture | | 12 | |
| gonorrheal urethritis | | 191 | |
| other effects of gonorrheal infection | | | |
| bubo | 1 | | |
| rheumatism | 2 | | |
| phimosis | 2 | | |
| perineal abscess | 1 | | |
| prostatitis | 10 | | |
| seminal vesiculitis | 2 | | |
| ureteral stricture | 1 | | |
| orchitis | 7 | | |
| papilloma | 1 | | |
| paraphimosis | 1 | 28 | 310 |

| | | | | |
|---|---|---|---|---|
| Chancroid | | | | |
| | chancroids multiple | | 40 | |
| | chancroidal lymphadenitis | | 7 | |
| | chancroidal paraphimosis | | 2 | |
| | chancroidal phimosis | | 3 | 52 |
| Syphilis | | | | |
| | hereditary | | 2 | |
| | primary | | 47 | |
| | secondary | | 51 | |
| | tertiary | | 84 | |
| | stage undetermined | | 2 | |
| | under observation | | 5 | |
| | other effects of syphilis | | | |
| | laryngitis | 1 | | |
| | lues | 1 | | |
| | neurosyphilis | 1 | | |
| | syphilophobia | 1 | | |
| | iritis | 1 | | |
| | scotoma | 1 | 6 | 197 |

## Section IV.

### General Diseases.

| | | |
|---|---|---|
| Addison's Disease | | 2 |
| Alcoholism, acute | 6 | |
| chronic | 2 | 8 |
| Anemia, primary, pernicious | 1 | |
| secondary | 1 | 2 |
| Diabetes mellitus | | 3 |
| Goiter, exophthalmic | | 17 |
| Gout | | 2 |
| Leukemia, myelocytic | | 1 |
| Obesity | | 1 |
| Purpura hemorrhagica | | 1 |

| | | | |
|---|---|---|---|
| Toxic results of preventive therapy | | | |
| paratyphoid vaccine | | 1 | |
| arsenic | | 1 | 2 |
| Tumors | | | |
| lip | | 2 | |
| stomach | | 2 | |
| esophagus | | 1 | |
| brain | | 2 | |
| tongue | | 1 | |
| eye | | 1 | |
| leg | | 2 | |
| rib | | 1 | |
| location not given | | 6 | 18 |

## Section V.

### NERVOUS DISEASES.

| | | | |
|---|---|---|---|
| Abscess of the brain | | 1 | |
| Chorea | | 3 | |
| Epilepsy (under observation) | | 36 | |
| Hemorrhage of the brain (non-traumatic) | | 2 | |
| Meningitis (other than tuberculous and meningococcus) | | 7 | |
| Migraine | | 3 | |
| Neuralgia | | 5 | |
| Neuritis, simple | 56 | | |
| multiple | 3 | 59 | |
| Paralysis | | | |
| nerves | | | |
| brachial plexus | 1 | | |
| facial nerve | 6 | | |
| sciatic | 2 | | |
| ulnar | 14 | | |
| musculospiral | 10 | | |
| median | 10 | | |

| | | | |
|---|---|---|---|
| Paralysis (*continued*) | | | |
| nerves (*continued*) | | | |
| thoracic | | 1 | |
| popliteal-external | | 5 | |
| musculo-cutaneous | | 2 | |
| crural | | 1 | 52 |
| muscles | | | |
| agitans atypical | | 1 | |
| pharyngeal muscles | | 2 | |
| anterior tibial muscles | | 1 | |
| muscles of leg | | 5 | |
| muscles of arm | | 1 | |
| muscles of abdominal wall | | 2 | |
| muscles of shoulders | | 2 | |
| pectoralis major | | 1 | 15 |
| paraplegia | | — | 1 |
| | | | 68 |
| Tabes dorsalis | | | 1 |
| Other diseases of the nervous system | | | |
| syncope | | | 1 |
| hiccough | | | 1 |
| angioneurosis | | | 1 |
| lesion of the spinal cord | | | 2 |
| injury to nerves—result of GSW | | | |
| ulnar | 50 | | |
| median | 48 | | |
| popliteal | 14 | | |
| radial | 11 | | |
| brachial plexus | 5 | | |
| saphenous | 2 | | |
| anterior tibial | 3 | | |
| crural | 2 | | |
| cranial | 1 | | |
| perineal | 6 | | |
| sciatic | 9 | | |

| | | | |
|---|---|---|---|
| Other diseases of the nervous system (*continued*) | | | |
| injury to nerves—result of GSW (*continued*) | | | |
| thoracic | 1 | | |
| hypoglossal | 1 | | |
| glossopharyngeal | 1 | | |
| musculo-spiral | 35 | 189 | 194 |

## Section VI.

### MENTAL DISEASES AND EFFECTS.

| | | | |
|---|---|---|---|
| Constitutional psychopathic state | | | 4 |
| Dementia præcox | | | 4 |
| General paralysis of the insane | | | 2 |
| Melancholia, involutional | | | 3 |
| Mental deficiency | | | 36 |
| Paranoia, and paranoiac conditions | | | 1 |
| Psychoneuroses | | | |
| hysteria | | 28 | |
| neurasthenia | | 453 | |
| psychasthenia | | 4 | |
| other forms | | 3 | 488 |
| Psychosis | | | |
| epileptic | | 5 | |
| manic depressive | | 5 | |
| traumatic | | 1 | 11 |
| Other mental diseases and defects under observation. | | 56 | 56 |

## Section VII.

### DISEASES OF THE EYE.

| | | |
|---|---|---|
| Amblyopia | | 5 |
| Astigmatism | | 65 |
| Blepharitis | | 13 |
| Cataract | | 6 |
| Chalazion | | 8 |
| Choroiditis, suppurative | | 1 |
| Conjunctivitis (except trachoma) | | 154 |
| Dacryocystitis | | 6 |
| Glaucoma | | 2 |
| Hordeolum (Stye) | | 1 |
| Hypermetropia | | 32 |
| Iritis | | 16 |
| Keratitis | | 13 |
| Myopia | | 11 |
| Optic atrophy | | 5 |
| Presbyopia | | 1 |
| Pterygium | | 11 |
| Retinitis | | 8 |
| Rupture | | |
| choroid | 3 | |
| conjunctiva | 1 | |
| iris | 1 | 5 |
| Other diseases of the eye | | |
| ulcer of cornea | 6 | |
| strabismus | 9 | |
| corneal opacity | 1 | |
| detachment of retina | 1 | |
| papillitis | 1 | |
| enucleation of eyeball | 2 | |
| foreign body in the eye | 4 | |
| subconjunctival hemorrhage | 5 | |
| miscellaneous diseases | 17 | 46 |

## Section VIII.

### DISEASES OF THE EAR.

| | | |
|---|---|---|
| Mastoiditis | | 53 |
| Otitis externa | | 3 |
| Otitis media | | 349 |
| Other diseases of the ear | | |
| paracentesis | 1 | |
| rupture of membrana tympani | 3 | |
| impacted cerumen | 7 | |
| miscellaneous | 2 | 13 |

## Section IX.

### DISEASES OF THE NOSE.

| | | |
|---|---|---|
| Adenoids | | 13 |
| Deviation of nasal septum | | 29 |
| Polypus, nasal | | 4 |
| Rhinitis | | |
| acute | 13 | |
| atrophic | 9 | |
| hypertrophic | 8 | 30 |
| Sinus, empyema | | 1 |
| Sinusitis | | 53 |
| Other diseases of the nasal fossæ | | |
| epistaxis | 1 | |
| abscess of nasal septum | 1 | |
| miscellaneous | 3 | 5 |

## Section X.

### DISEASES OF THE THROAT.

| | | | |
|---|---|---|---|
| Abscess | | | |
| peritonsillar | | 23 | |
| retropharyngeal | | 1 | 24 |
| Hypertrophied tonsils | | | 47 |
| Laryngitis (except tuberculous and syphilitic) | | | 137 |
| Pharyngitis | | | 75 |
| Tonsillitis | | | 231 |

## Section XI.

### CIRCULATORY SYSTEM.

| | | | |
|---|---|---|---|
| Diseases of the heart | | | |
| Angina pectoris | | 1 | |
| cardiac hypertrophy | | 5 | |
| disordered heart action | | | |
| tachycardia | 14 | | |
| bradycardia | 1 | 15 | |
| effort syndrome | | 286 | |
| endocarditis, acute | 15 | 15 | |
| myocarditis, acute | 3 | | |
| chronic | 5 | 8 | |
| pericarditis | | 4 | |
| valvular heart disease | | 88 | |
| other diseases of the heart | | | |
| aortic insufficiency | 2 | | |
| rupture of heart | 1 | | |
| miscellaneous | 2 | 5 | 427 |

| | | |
|---|---|---|
| Diseases of the blood vessels | | |
| aneurysm | 2 | |
| anteriosclerosis | 2 | |
| hemorrhoids | 152 | |
| phlebitis | 16 | |
| thrombosis | 1 | |
| varicose ulcer | 2 | |
| varicose veins | 41 | |
| varicocele | 75 | |
| other diseases of the blood vessels | 1 | 292 |
| Diseases of the lymphatic system | | |
| lymphadenitis | 25 | |
| lymphangitis | 2 | 27 |
| Miscellaneous diseases of the circulatory system | | |
| hemorrhage | 4 | |
| surgical shock | 0 | 4 |

## Section XII.

### RESPIRATORY SYSTEM.

| | | |
|---|---|---|
| Asthma | | 37 |
| Bronchitis | | 587 |
| Bronchiectasis | | 1 |
| Broncho-pneumonia | 135 | |
| convalescent from | 31 | 166 |
| Emphysema | | 11 |
| Hay Fever | | 1 |
| Hemoptysis | | 2 |
| Lobar pneumonia | 141 | |
| convalescent from | 34 | 175 |

| | | | |
|---|---|---|---|
| Pleurisy | | | |
| empyema | | 34 | |
| empyema, convalescent from | | 12 | |
| empyema, thoracic | | 1 | |
| hemothorax | | 2 | |
| pleurisy, sero-fibrinous | 131 | | |
| fibrinous | 47 | 178 | |
| pleuritic adhesions | | 9 | |
| pneumothorax | | 3 | 239 |
| Other diseases of the respiratory system | | | 7 |

## Section XIII.

### DIGESTIVE SYSTEM.

| | | | |
|---|---|---|---|
| Diseases of the mouth | | | |
| abscess, alveolar | | 15 | |
| gingivitis | | 1 | |
| glossitis | | 2 | |
| stomatitis | | 1 | |
| pyorrhea alveolaris | | 25 | |
| other diseases of the mouth | | | |
| dental treatment | | 176 | 220 |
| Diseases of the esophagus | | | 2 |
| Diseases of the stomach (cancer excepted) | | | |
| gastritis | | 48 | |
| hyperchlorhydria | | 11 | |
| other diseases of the stomach | | | |
| abscess of the stomach | 1 | | |
| gastroptosis | 2 | | |
| gastro-enteroptosis | 1 | | |
| gastric indigestion | 4 | | |
| miscellaneous | 9 | 17 | 76 |

| | | | |
|---|---|---|---|
| Diseases of the intestines | | | |
| abscess, retrocecal | | 1 | |
| appendicitis, catarrhal | 141 | | |
| suppurative | 11 | | |
| convalescent-appendectomy | 49 | 201 | |
| colitis | | 12 | |
| coloptosis | | 1 | |
| constipation | | 23 | |
| diarrhea | | 41 | |
| enteritis | | 80 | |
| entero-colitis | | 111 | |
| gastro-enteritis | | 94 | |
| hernia | 285 | | |
| conval.—herniotomy | 62 | 347 | |
| intestinal obstruction | | 4 | |
| intestinal parasites | | | |
| ankylostoma | 1 | | |
| trichinella spiralis | 1 | | |
| other intestinal parasites | 1 | 3 | |
| ulcer of duodenum or jejunum | 33 | | |
| gastro-duodenitis | 1 | 34 | |
| other diseases of the intestines | | | |
| intestinal indigestion | 2 | | |
| intestinal fermentation | 3 | | |
| intestinal poisoning | 7 | | |
| erythema, toxic-intestinal | 1 | | |
| intestinal adhesions | 2 | | |
| intestinal colic | 1 | | |
| miscellaneous | 5 | 21 | 973 |
| Diseases of the anus | | | |
| abscess, periproctitic | | 1 | |
| fissure of the anus | | 2 | |
| fistula in ano | | 13 | |

| | | | |
|---|---|---|---|
| Diseases of the anus (*continued*) | | | |
| other diseases of the anus | | | |
| fecal abscess | 2 | | |
| ischio-rectal abscess | 10 | | |
| peri-rectal abscess | 2 | | |
| rectal abscess | 2 | | |
| prolapse of rectum | 1 | | |
| pruritus ani | 2 | 19 | 35 |
| Diseases of the liver and gall bladder | | | |
| cholelithiasis | 2 | | |
| cholecystitis | 5 | | |
| cirrhosis of the liver | 2 | | |
| jaundice, acute catarrhal | 16 | | |
| other disease of the liver and gall bladder | 7 | | 32 |
| Diseases of the spleen | | | 1 |
| Peritonitis | 2 | | |
| adhesions of the peritoneum | 14 | | 16 |

## Section XIV.

### GENITO-URINARY (NON-VENEREAL).

| | | | |
|---|---|---|---|
| Diseases of the Kidneys and Annexa | | | |
| hematuria | | 2 | |
| nephritis, albuminuria | 1 | | |
| acute | 14 | | |
| interstitial, chronic | 5 | | |
| parenchymatous, chronic | 16 | 36 | |
| pyelitis | | 3 | |
| pyelonephritis | | 2 | |
| pyonephritis | | 1 | |

| | | |
|---|---|---|
| Diseases of the Kidneys and Annexa (*continued*) | | |
| other diseases of the kidneys | | |
| polycystic kidneys | 1 | |
| renal calculi | 2 | |
| nephrolithiasis | 3 | |
| glycosuria | 3 | |
| polyuria | 1 | 10 |
| calculi of the urinary passages | | |
| nephrolithiasis | 2 | |
| ureteral calculus | 1 | 3 |
| diseases of the bladder | | |
| cystitis | 7 | |
| fistula | 1 | |
| other diseases of the bladder | 18 | 26 |
| diseases of the urethra, urinary abscess, etc. | | |
| stricture | 9 | |
| urethritis | 5 | |
| other diseases of the urethra | 2 | 16 |
| diseases of the prostate | | |
| hypertrophied prostate | 2 | |
| prostatitis | 7 | 9 |
| non-venereal diseases of the genital organs | | |
| epididymitis | 8 | |
| hydrocele | 23 | |
| orchitis | 88 | |
| phimosis | 46 | |
| other non-venereal diseases of the genital organs | 15 | 180 |
| Total cases genito-urinary, non-venereal | | 288 |

## Section XV.

### SKIN.

| | | | | |
|---|---|---|---|---|
| Acne | | | | 3 |
| Chilblain | | | | 2 |
| Dermatitis | | | | |
| | internal cause | | 3 | |
| | external cause, gas | 0 | | |
| | self-inflicted | 0 | | |
| | others | 5 | 5 | 8 |
| Eczema | | | | 14 |
| Gangrene, venous obstruction | | | 3 | |
| | Raynaud's disease | | 2 | 5 |
| Herpes | | | | 2 |
| Herpes zoster | | | | 2 |
| Pediculosis capitis | | | 3 | |
| | corporis | | 10 | 13 |
| Pityriasis | | | | 2 |
| Psoriasis | | | | 16 |
| Pyodermia, abscess | | | 84 | |
| | carbuncle | | 6 | |
| | furunculosis | | 33 | |
| | impetigo | | 7 | |
| | paronychia | | 2 | |
| | ulcer (other than tuberculous or syphilitic) | | 14 | |
| | general | | 36 | |
| | miscellaneous | | | |
| | dermoid cyst | 1 | | |
| | lipoma | 1 | | |
| | sebaceous cyst | 1 | | |
| | pilonidal cyst | 2 | 5 | 187 |

| | | | |
|---|---|---|---|
| Ringworm | | | 5 |
| Scabies | | | 101 |
| Seborrhea | | | 1 |
| Trichophytosis | | | 1 |
| Urticaria | | | 8 |
| Other diseases of the skin | | | |
| cellulitis | | 100 | |
| callosities | | 18 | |
| infected blisters | | 10 | |
| miscellaneous | | 5 | 133 |

## Section XVI.

### BONES AND ORGANS OF LOCOMOTION.

| | | | |
|---|---|---|---|
| Diseases of the bone | | | |
| exostosis | | 21 | |
| osteomyelitis | | 144 | |
| osteitis deformans | | 2 | |
| periostitis | | 25 | |
| other diseases of the bones | | | |
| spondylitis | 6 | | |
| Perthes' disease | 1 | | |
| miscellaneous | 2 | 9 | 201 |
| Diseases of the joints | | | |
| ankylosis, bony, of joint | | 39 | |
| ankylosis, fibrous, of joint | | 50 | |
| arthritis | | 266 | |
| osteo-arthritis | | 33 | |
| coxa-vara | | 1 | |
| loose body in joint | | 4 | |
| synovitis | | 116 | |
| other diseases of the joints | | 2 | 511 |

| | | | |
|---|---|---|---|
| Miscellaneous diseases of the organs of locomotion | | | |
| bursitis | | 26 | |
| flat foot | | 1,246 | |
| hallux valgus | | 78 | |
| hallux rigidus | | 4 | |
| hammer toe | | 47 | |
| hernia of muscle | | 5 | |
| lumbago | | 10 | |
| metatarsalgia | | 31 | |
| myositis | | 20 | |
| tenosynovitis | | 17 | |
| trench foot | | 17 | |
| other diseases of the organs of locomotion | | | |
| injuries to tendons | 13 | | |
| equino varus | 1 | | |
| talipes varus | 5 | | |
| pes cavus | 23 | | |
| ingrowing toe nail | 14 | | |
| hypertrophied toe nail | 1 | | |
| miscellaneous | 3 | 60 | 1,561 |

## Section XVII.

### MALFORMATIONS AND ILL-DEFINED DISEASES.

| | | | |
|---|---|---|---|
| Acquired malformations | | | |
| atrophy | | | |
| muscular | 5 | | |
| of bone of foot | 1 | 6 | |
| contracture of muscle, fascia, tendon, etc. | | 35 | |
| other deformities | | 22 | 63 |

| | | | |
|---|---|---|---|
| Congenital malformations | | | |
| penis | | 1 | |
| inferior maxilla | | 1 | |
| feet | | 6 | |
| testicles | | 3 | |
| spine and back | | 4 | |
| scoliosis | | 12 | 27 |
| Diseases not specified or ill-defined | | | |
| defective physical development | 17 | | |
| sacro-iliac relaxation | 1 | | |
| fever of unknown origin | 13 | | |
| cicatrix | 5 | 36 | 36 |
| No disease, feigned disease | | | |
| No case | | 46 | |
| malingering | | 1 | 47 |

## Section XVIII.

### EXTERNAL CAUSES.

| | | | |
|---|---|---|---|
| Burns, other than by gas | | | 34 |
| Concussion | | | |
| unknown (cerebral) | | | 5 |
| Dislocations | | | |
| clavicle | | 1 | |
| elbow | | 5 | |
| femur | | 4 | |
| hip | | 5 | |
| knee | 50 | | |
| convalescent, arthrotomy of knee | 30 | 80 | |
| scaphoid | | 2 | |
| shoulder | | 14 | |
| toe | | 3 | |
| vertebra | | 2 | |
| wrist | | 2 | 118 |

| | | |
|---|---|---|
| Effect of heat and cold | | |
| heat exhaustion | 2 | |
| frostbite | 26 | 28 |
| Exhaustion | | |
| from overexertion | 38 | |
| from exposure | 3 | |
| other causes | 2 | 43 |
| Fractures | | |
| fractures simple | | |
| acetabulum | 2 | |
| acromion process | 2 | |
| astragalus | 13 | |
| clavicle | 38 | |
| Colles' | 34 | |
| coracoid | 1 | |
| cuboid | 3 | |
| cuneiform | 4 | |
| femur | 45 | |
| fibula | 136 | |
| glenoid cavity | 1 | |
| humerus | 58 | |
| ilium | 3 | |
| malar | 4 | |
| malleolus | 40 | |
| maxilla | 23 | |
| metacarpals | 37 | |
| metatarsals | 52 | |
| nasal bones | 7 | |
| olecranon | 6 | |
| os calcis | 11 | |
| os magnum | 3 | |
| patella | 28 | |
| pelvis | 4 | |
| phalanges, fingers | 10 | |
| phalanges, toes | 18 | |

| | | | |
|---|---|---|---|
| Fractures (*continued*) | | | |
| fractures simple (*continued*) | | | |
| Pott's | | 22 | |
| pubic bone | | 2 | |
| radius | | 63 | |
| ramus | | 2 | |
| ribs | | 24 | |
| scaphoid | | 20 | |
| scapula | | 13 | |
| skull | | 22 | |
| sternum | | 3 | |
| tibia | | 129 | |
| trapezoid | | 1 | |
| ulna | | 43 | |
| vertebra | | 7 | 934 |
| fractures compound | | | |
| acromion process | 1 | | |
| astragalus | 4 | | |
| clavicle | 1 | | |
| cuboid | 1 | | |
| cuneiform | 2 | | |
| femur | 8 | | |
| fibula | 24 | | |
| humerus | 21 | | |
| ilium | 1 | | |
| malleolus | 3 | | |
| maxilla, inf. and sup. | 8 | | |
| metacarpal | 27 | | |
| metatarsal | 14 | | |
| nasal | 1 | | |
| olecranon | 2 | | |
| os calcis | 5 | | |
| patella | 7 | | |
| phalanx, fingers | 19 | | |
| phalanx, toes | 7 | | |
| radius | 15 | | |

Fractures (*continued*)

fractures compound (*continued*)

| | | |
|---|---|---|
| epiphyseal of radius | 2 | |
| ribs | 4 | |
| scaphoid | 5 | |
| scapula | 3 | |
| skull | 15 | |
| tibia | 30 | |
| ulna | 17 | 247 |

fractures, compound, comminuted

| | | |
|---|---|---|
| acromion process | 6 | |
| astragalus | 16 | |
| clavicle | 22 | |
| cuboid | 9 | |
| cuneiform | 15 | |
| femur | 50 | |
| fibula | 52 | |
| frontal bone | 1 | |
| ilium | 4 | |
| ischium | 2 | |
| humerus | 107 | |
| malar | 1 | |
| malleoli | 9 | |
| mastoid | 1 | |
| maxillæ | 23 | |
| metacarpals | 125 | |
| metatarsals | 73 | |
| multiple | 1 | |
| nasal | 2 | |
| olecranon | 2 | |
| os calcis | 15 | |
| os magnum | 5 | |
| patella | 13 | |
| phalanges, fingers | 118 | |
| phalanges, toes | 37 | |
| radius | 102 | |

| | | | |
|---|---|---|---|
| Fractures (*continued*) | | | |
| fractures, compound, comminuted (*continued*) | | | |
| ribs | 7 | | |
| scaphoid | 17 | | |
| scapula | 26 | | |
| skull | 20 | | |
| tibia | 81 | | |
| trochanter | 1 | | |
| ulna | 68 | | |
| vertebra | 5 | | |
| trapezium | 2 | | |
| trapezoid | 2 | 1,040 | 2,221 |
| Gas, absorption of deleterious | | | |
| mustard gas, contact | | 272 | |
| mustard gas, inhalation | | 285 | |
| gas inhalation, other than mustard | | 896 | 1,453 |
| Sprains ——Strains | | | |
| ankle | | 69 | |
| back | | 2 | |
| cervical region | | 1 | |
| elbow | | 3 | |
| knee | | 27 | |
| shoulder | | 3 | |
| wrist | | 10 | |
| back | | 6 | |
| foot | | 42 | |
| leg and thigh | | 1 | |
| sacro-iliac | | 153 | |
| spine | | 2 | |
| lumbo-sacral | | 69 | 388 |
| Wounds— | | | |
| gun shot | | | |
| abdomen | 28 | | |
| ankle | 65 | | |
| arm | 424 | | |

| | | |
|---|---|---|
| Wounds (*continued*) | | |
| gun shot (*continued*) | | |
| axilla | 15 | |
| back | 99 | |
| buttock | 107 | |
| chest | 120 | |
| face | 120 | |
| " ears | 11 | |
| " eyes | 10 | |
| " nose | 7 | |
| " mouth | 3 | |
| foot | 348 | |
| forearm | 297 | |
| elbow | 60 | |
| gluteal region | 2 | |
| hand | 574 | |
| " fingers | 12 | |
| head | 139 | |
| hip and pelvis | 18 | |
| iliac region | 1 | |
| inguinal region | 1 | |
| knee | 142 | |
| leg | 492 | |
| lumbar region | 8 | |
| multiple | 195 | |
| neck and throat | 77 | |
| perineum | 1 | |
| scalp | 12 | |
| shoulder | 238 | |
| side | 12 | |
| thigh | 530 | |
| thorax | 2 | |
| wrist | 70 | 4,240 |
| lacerated | | |
| abdomen | 5 | |
| ankle | 1 | |

| | | |
|---|---|---|
| Wounds (*continued*) | | |
| lacerated (*continued*) | | |
| arm | 1 | |
| back | 1 | |
| brain substance | 1 | |
| buttocks | 3 | |
| chest | 1 | |
| cranio-cerebral | 2 | |
| elbow | 1 | |
| eye | 1 | |
| eyelid | 1 | |
| face | 12 | |
| finger | 9 | |
| forearm | 5 | |
| foot | 15 | |
| gluteal region | 1 | |
| genitals | 1 | |
| hand | 27 | |
| head | 10 | |
| internal semi-lunar cartilage | 2 | |
| hip | 1 | |
| knee | 9 | |
| leg | 8 | |
| multiple | 9 | |
| scalp | 17 | |
| scrotum | 1 | |
| shoulder | 1 | |
| thigh | 14 | |
| thorax | 6 | |
| toe | 1 | |
| wrist | 3 | 170 |
| incised | | |
| arm | 1 | |
| buttock | 1 | |
| cheek | 2 | |

| | | | |
|---|---|---|---|
| Wounds (*continued*) | | | |
| incised (*continued*) | | | |
| | foot | 4 | |
| | hand | 2 | |
| | wrist | 2 | 12 |
| contused | | | |
| | abdomen | 16 | |
| | ankles | 15 | |
| | arm | 3 | |
| | back | 36 | |
| | buttock | 1 | |
| | chest | 7 | |
| | elbow | 7 | |
| | eye | 4 | |
| | fingers | 4 | |
| | foot | 40 | |
| | hand | 5 | |
| | head | 7 | |
| | hips | 10 | |
| | knee | 44 | |
| | leg | 10 | |
| | multiple | 17 | |
| | muscle | 1 | |
| | shoulder | 16 | |
| | side | 3 | |
| | thigh | 5 | |
| | wrist | 1 | 252 |
| abrasions | | | |
| | buttock | 1 | |
| | cheek | 3 | |
| | elbow | 1 | |
| | eye | 1 | |
| | foot | 6 | |
| | hand | 2 | |
| | leg | 5 | |

| | | | |
|---|---|---|---|
| Wounds (*continued*) | | | |
| abrasions (*continued*) | | | |
| multiple | 4 | | |
| neck | 1 | | |
| penis | 1 | | |
| thigh | 2 | 27 | |
| Total number of wounds—all classes . . . | | | 4,701 |
| other injuries | | | |
| amputations | | | |
| arm | 33 | | |
| finger | 157 | | |
| foot | 13 | | |
| forearm | 29 | | |
| hand | 1 | | |
| leg | 46 | | |
| thigh | 45 | | |
| toe | 52 | 376 | |

# INCOMPLETED CASES

OR

# CASES TRANSFERRED TO OTHER HOSPITALS.

Base Hospital No. 9—A.E.F.

September 1917—January 1919.

## Section I.

INFECTIOUS AND EPIDEMIC DISEASES (TUBERCULOSIS AND VENEREAL DISEASES EXCEPTED).

| | | |
|---|---|---|
| Influenza | 22 | |
| Influenza, convalescent | 29 | 51 |
| Meningitis, meningococcus | | 4 |
| Mumps | | 10 |
| Erysipelas | | 1 |
| Septicemia | | 1 |
| Rheumatic fever, acute | | 1 |
| Articular rheumatism | | 6 |
| Muscular rheumatism | | 3 |
| Scarlet fever | | 1 |
| Vincent's angina | | 2 |

## Section II.

TUBERCULOSIS, PULMONARY.

| | |
|---|---|
| Pulmonary, acute, miliary | 1 |
| Pulmonary, chronic, mod. advanced | 1 |
| Pulmonary, tuberculosis, under observation | 2 |

## Section III.

VENEREAL DISEASES.

| | |
|---|---|
| Gonorrheal arthritis | 1 |
| Gonorrheal disease of the eye | 1 |
| Gonorrheal epididymitis | 1 |
| Gonorrheal urethritis | 8 |
| Chancroids, multiple | 6 |
| Syphilis, primary | 4 |
| Syphilis, secondary | 3 |

## Section IV.

### GENERAL DISEASES.

| | |
|---|---|
| Goiter, exophthalmic | 1 |

## Section V.

### NERVOUS DISEASES.

| | |
|---|---|
| Neuritis | 3 |

## Section VI.

### MENTAL DISEASES.

| | |
|---|---|
| Neurasthenia | 5 |

## Section VII.

### DISEASES OF THE EYE.

| | |
|---|---|
| Blepharitis | 1 |
| Conjunctivitis | 4 |
| Hypermetropia | 1 |
| Myopia | 1 |
| Optic atrophy | 1 |
| Retinitis | 1 |

## Section VIII.

### DISEASES OF THE EAR.

| | |
|---|---|
| Mastoiditis | 1 |
| Otitis media | 7 |

## Section IX.

### DISEASES OF THE NOSE.

| | |
|---|---|
| Deviation of the nasal septum | 4 |
| Rhinitis, atrophic | 1 |
| Rhinitis, hypertrophic | 1 |
| Sinusitis | 4 |

## Section X.

### DISEASES OF THE THROAT.

| | |
|---|---|
| Hypertrophied tonsils | 3 |
| Laryngitis | 5 |
| Pharyngitis | 5 |
| Tonsillitis | 5 |
| Other diseases of the larynx and pharynx | 1 |

## Section XI.

### CIRCULATORY SYSTEM.

| | |
|---|---|
| Effort syndrome | 12 |
| Myocarditis, chronic | 1 |
| Pericarditis | 1 |
| Valvular heart disease | 1 |
| Aneurysm | 1 |
| Hemorrhoids | 9 |
| Phlebitis | 1 |
| Varicose veins | 1 |
| Varicocele | 2 |
| Other diseases of blood vessels | 1 |
| Lymphadenitis | 2 |

## Section XII.

### RESPIRATORY SYSTEM.

| | |
|---|---|
| Asthma | 1 |
| Bronchitis | 31 |
| Broncho-pneumonia | 4 |
| Lobar pneumonia | 9 |
| Pleurisy, empyema, thoracic | 3 |
| Pleurisy, sero-fibrinous | 5 |

## Section XIII.

### DIGESTIVE SYSTEM.

| | |
|---|---|
| Dental treatment | 9 |
| Gastritis | 3 |
| Hyperchlorhydria | 1 |
| Gastroptosis | 1 |
| Appendicitis | 11 |
| Constipation | 2 |
| Enteritis | 3 |
| Gastroenteritis | 1 |
| Entero-colitis | 3 |
| Hernia | 2 |
| Intestinal obstruction | 1 |
| Ulcer of duodenum | 2 |
| Fistula in ano | 2 |

## Section XIV.

### GENITO-URINARY (NON-VENEREAL).

| | |
|---|---|
| Nephritis acute | 3 |
| Nephritis, parenchymatous, chronic | 3 |
| Ureteral calculus | 1 |
| Fistula | 1 |
| Enuresis | 1 |
| Prostatitis | 1 |
| Orchitis | 3 |
| Phimosis | 1 |

## Section XV.

### SKIN.

| | |
|---|---|
| Pediculosis corporis | 1 |
| Psoriasis | 2 |
| Carbuncle | 1 |
| Furunculosis | 2 |
| Scabies | 2 |
| Cellulitis | 1 |
| Infected blisters | 4 |

## Section XVI.

### BONES AND ORGANS OF LOCOMOTION.

| | |
|---|---|
| Exostosis | 2 |
| Osteomyelitis | 9 |
| Periostitis | 1 |
| Arthritis | 8 |
| Osteo-arthritis | 1 |
| Synovitis | 2 |
| Flat foot | 9 |
| Lumbago | 2 |
| Myositis | 2 |
| Ingrowing toe nail | 1 |

## Section XVII.

### MALFORMATION, ILL-DEFINED DISEASES.

## Section XVIII.

### EXTERNAL CAUSES.

| | | |
|---|---|---|
| Dislocations | | 2 |
| Fractures, simple | 46 | |
| compound | 10 | |
| compound, comminuted | 46 | 102 |
| Gas, mustard contact | 4 | |
| mustard inhalation | 2 | |
| other than mustard inhalation | 7 | 13 |
| Sprain and strain | | 5 |
| Wounds, gun shot | 133 | |
| lacerated | 6 | |
| contusions | 8 | 147 |
| Amputations | | 4 |

## RECAPITULATION.

| | Complete | Incomplete | Total |
|---|---|---|---|
| INFECTIOUS AND EPIDEMIC DISEASES | 1,973 | 80 | 2,053 |
| TUBERCULOSIS | 241 | 4 | 245 |
| VENEREAL DISEASES | 559 | 24 | 583 |
| GENERAL DISEASES (OTHER) | 57 | 1 | 58 |
| NERVOUS DISEASES | 379 | 3 | 382 |
| MENTAL DISEASES AND EFFECTS | 605 | 5 | 610 |
| DISEASES OF THE EYE | 409 | 9 | 418 |
| DISEASES OF THE EAR | 418 | 8 | 426 |
| DISEASES OF THE NOSE | 135 | 10 | 145 |
| DISEASES OF THE THROAT | 514 | 19 | 533 |
| CIRCULATORY SYSTEM | 750 | 32 | 782 |
| RESPIRATORY SYSTEM | 1,226 | 53 | 1,279 |
| DIGESTIVE SYSTEM | 1,355 | 41 | 1,396 |
| GENITO-URINARY (NON-VENEREAL) | 288 | 14 | 302 |
| DISEASES OF THE SKIN | 473 | 13 | 486 |
| BONES AND ORGANS OF LOCOMOTION | 2,240 | 37 | 2,277 |
| MALFORMATIONS AND ILL-DEFINED DISEASES | 173 | 0 | 173 |
| EXTERNAL CAUSES | 9,379 | 273 | 9,652 |
| GRAND TOTAL | 21,174 | 626 | 21,800 |
| TOTAL NUMBER OF PATIENTS TREATED | | | 15,219 |
| TOTAL NUMBER OF DISEASES TREATED | | | 21,800 |

### V. Summary of Post Farm Products.

This farm of 27 acres was worked under the direction of Sgt. William Atkinson and Private George Keeny. The statement which follows does not give all the facts, but it is a conservative and minimum estimate of the value of the farm products.

## Base Hospital No. 9, A. E. F., France.

SUMMARY OF POST FARM PRODUCTS TO JANUARY 1ST, 1919.

| | | | | |
|---|---|---|---|---|
| Radishes | 138 | Bunches | Frcs. | 27.60 |
| Spinach | $245^{1}/_{2}$ | Kilos | | 245.50 |
| Lettuce | 904 | Heads | | 90.40 |
| Peas | $1{,}428^{2}/_{11}$ | Kilos | | 1,811.75 |
| Onions | $440^{10}/_{11}$ | Kilos | | 291.00 |
| Onions, small | 1,040 | Bunches | | 104.00 |
| Carrots | 15 | Kilos | | 16.75 |
| String Beans | $494^{10}/_{11}$ | Kilos | | 989.75 |
| Potatos | $7{,}731^{9}/_{11}$ | Kilos | | 4,638.20 |
| Parsnips | $96^{9}/_{11}$ | Kilos | | 62.95 |
| Pumpkins | 65 | | | 294.50 |
| Tomatoes | 1,025 | Kilos | | 1,088.85 |
| Cabbage | 280 | Kilos | | 196.00 |
| Cabbage | 5,765 | Heads | | 3,390.50 |
| Cauliflower | 850 | Heads | | 850.00 |
| Carrots | 825 | Bunches | | 206.25 |
| | | Total value to Mess | Frcs. | 14,304.00 |
| Grain | 1,387 | Kilos | | 762.85 |
| | | Total garden value | Frcs. | 15,066.85 |

HOGS PURCHASED.

| | | | | | |
|---|---|---|---|---|---|
| St. Gaultier | 10 | @ Fcs. | 220.00 | Frcs. | 2,200.00 |
| Ardentes | 12 | @ | 125.00 | | 1,500.00 |
| St. Gaultier | 16 | @ | 159.375 | | 2,550.00 |
| Châteauroux | 15 | @ | 130.00 | | 1,950.00 |
| Ardentes | 13 | @ | 180.00 | | 2,340.00 |
| Ardentes | 27 | @ | 210.00 | | 5,670.00 |
| Ardentes | 21 | @ | 200.00 | | 4,200.00 |
| Châteauroux | 30 | @ | 185.00 | | 5,550.00 |
| St. Gaultier | 24 | @ | 110.00 | | 2,640.00 |
| | | | | Frcs. | 28,600.00 |

HOGS SUPPLIED TO MESS DEPARTMENT.

| MONTH | NO. | COST PRICE CASH | SELLING PRICE (BASED ON MARKET) | PROFIT |
|---|---|---|---|---|
| May | 1 | 220.00 | 527.80 Frcs. | 307.80 |
| June | 2 | 440.00 | 1,208.90 | 768.90 |
| July | 1 | 220.00 | 500.00 | 280.00 |
| | 1 | 125.00 | 200.00 | 75.00 |
| Aug. | 6 | 1,320.00 | 2,500.00 | 660.00 |
| | 4 | 520.00 | | |
| Sept. | 5 | 796.875 | 3,240.00 | 1,903.125 |
| | 3 | 540.00 | | |
| Oct. | 10 | 1,800.00 | 4,050.00 | 1860.00 |
| | 3 | 390.00 | | |
| | 15 | 3,150.00 | 4,950.00 | 1,800.00 |
| Nov. | 3 | 630.00 | 825.00 | 195.00 |
| | 5 | 1,050.00 | 4,650.00 | 1,675.00 |
| | 5 | 1,000.00 | | |
| | 5 | 925.00 | | |
| Dec. | 2 | 420.00 | 1,620.00 | 430.00 |
| | 2 | 370.00 | | |
| | 2 | 400.00 | | |
| | 8 | 1,600.00 | 2,110.00 | 510.00 |
| | 83 | 15,916.875 | 26,381.70 | 10,464.825 |

HOGS SOLD FOR CASH ON MARKET.

| PLACE | NO. | COST PRICE | SELLING PRICE | PROFIT |
|---|---|---|---|---|
| Châteauroux | 6 | 750.00 | 1,900.00 | Frcs. 1,150.00 |
| Châteauroux | 5 | 625.00 | 1,325.00 | 700.00 |
| Dupeux | 2 | 260.00 | 400.00 | 140.00 |
| A. Not | 10 | 1,593.75 | 2,500.00 | 906.25 |
| Châteauroux | 6 | 780.00 | 1,500.00 | 720.00 |
| Dupeux | 4 | 800.00 | 3,600.00 | 765.00 |
| Dupeux | 11 | 2,035.00 | | |
| Montierchaume | 3 | 555.00 | 600.00 | 45.00 |
| | 47 | 7,398.75 | 11,825.00 | 4,426.25 |

LOST THROUGH DEATH

| | | | |
|---|---|---|---|
| 1 | @ | 159.375 | Frcs. 159.375 |
| 2 | @ | 200.00 | 400.00 |
| 2 | @ | 210.00 | 420.00 |
| Total Loss 5 | | | Frcs. 979.375 |

| | | Frcs. | Cost |
|---|---|---|---|
| Hogs Purchased | 168 | 28,600.00 | |
| Market Sales | 47 | | 11,825.00 |
| Value to Hosp. Mess | 83 | | 26,381.70 |
| Loss Through Death | 5 | | 979.375 |
| On Hand, Jan. 1st, 1919 | 33 | | 2,346.25 |
| Profit | | 12,932.325 | |
| | 168 168 | 41,532.325 | 41,532.325 |

Above profit was figured on the basis of the mess department being a cash buyer.

## VI. The Hospital Fund Statement for One Month.

OCTOBER, 1918.

This statement is given to show the cost and the amount of food which was required to care for the hospital.

RECEIPTS.

| | |
|---|---|
| Balance on Hand | 31,418.34 |
| Cash Received | |
| For Enlisted Men Sick in Hospital | 183,546.00 frcs. |
| " American Civilian | 3171.90 |
| " Enlisted Men, U. S. Navy | 32.70 |
| " A. N. C. on duty in Hospital | 7,599.48 |
| " Men U. S. Marine in Hospital | 4,954.05 |
| " French Soldiers Sick | 147.15 |

| | |
|---|---|
| Cash Received | |
| For Italian Soldiers Sick | 1,739.64 frcs. |
| " British " " | 215.82 |
| " General Prisoners " | 1,124.88 |
| Cash Received From | |
| Officers Sick in Hospital | 7,082.90 |
| Sale of Pigs | 1,500.00 |
| Sale of Stores | 1,058.85 |
| Sale of Paper | 118.00 |
| " " " | 214.00 |
| " " " | 188.00 |
| " " Fat | 1,194.85 |
| | 245,306.56 |

EXPENDITURES.

| | |
|---|---|
| To Quartermaster Châteauroux | 139,597.32 frcs. |
| " " " | 6,610.20 |
| " " " | 3,529.42 |
| " " " | 1,100.00 |
| " " " | 2,512.10 |
| " " " | 2,484.60 |
| " " " | 2,291.20 |
| " " " | 4,087.60 |
| " " " | 554.40 |
| To M. Barchetto (Eggs) | 1,440.00 |
| " " " | 1,687.50 |
| " Ecole Normale | 558.00 |
| " A. Roblin (Meat) | 2,247.40 |
| " A. Ledoux (Milk) | 6,160.80 |
| " E. Eabouin (Milk) | 717.41 |
| " Ardelet et Boursier (Eggs and Chicken) | 3,911.00 |
| " P. Granger (Milk) | 650.00 |
| " A. Laverque (Meat) | 3,443.07 |
| " E. M. Vallet (Groceries) | 327.05 |
| " L. Chevreau (Groceries) | 16,233.20 |

| | |
|---|---|
| To Duran (Groceries) | 28.20 frcs. |
| " Salnon (Milk) | 128.10 |
| " J. Alner (Groceries) | 2,185.55 |
| " Open Market Purchases | 4,161.45 |
| " H. Dupont | 750.00 |
| " A. Not | 595.00 |
| " Labbe Frères | 161.00 |
| | 208,151.57 |
| Total Unpaid Bills | 17,721.00 |
| | 225,872.57 |
| Cash Received | 245,306.56 |
| Expenditures | 225,872.57 |
| Balance | 19,433.99 frcs. |

## VII. A Few Hospital Orders.

There was a time in the life of the Unit when floods of memoranda went out from a certain office to all parts of the hospital. These writings covered everything under the sun, and showed great care in preparation, a wide knowledge of hospitalization, and a keen sense of humor. They are interesting and should be at least on record in a history of the Unit. I have preserved some:

MEMORANDUM FOR THE CHIEF NURSE.

Many of the nurses are in the habit of referring to patients sick in the hospital as "boys." The commanding officer is of the opinion that a little reflection will convince anyone that the work which has been laid out for the American soldier to do in France is that of men and not of boys. It is, of course, true that many of these soldiers are in point of age not more than boys; nevertheless, the fact that they have already accom-

plished many duties of such severity as would tax the capacity of the average man, makes them, it seems, worthy of being dignified by the title of "Man." The commanding officer desires that all officers, nurses, secretaries and soldiers pertaining to this command refrain from referring to any soldier of the American Army as "Boy." He should be spoken of as "non-commissioned officer, soldier, patient" or finally in a general way as "man."

### MEMORANDUM FOR DETACHMENT COMMANDER.

1. Upon the recommendation of the Chief of the Medical Division, it is directed that you cause all enlisted members of this command to be weighed twice a month at the time of the bi-monthly physical inspections. This weighing should be done in person by a responsible non-commissioned officer and he should keep a book in which the weights of all enlisted members of the personnel of this command will be entered upon each occasion, so that the weights of all men may be open to inspection by proper officers at any time. Any member of this command who is found to be progressively losing weight or who is shown to have lost a considerable amount of weight in any one week will be referred directly to the Chief of the Medical Division for examination.

(Note.) The men were able to keep up their weight by a combination of Alexander's Rag Time Mess and the Buvette across the street.

### HOSPITAL ORDER. NO. 53

1. The following regulations governing the administrative conduct of the wards of this hospital are

published for the information and guidance of all concerned:

### A—WARD SURGEON.

The ward surgeon is charged with the entire responsibility for the administration and discipline of the ward to which he is assigned. He will see that proper and formal requisitions are made for supplies of all kinds which are needed for use in the ward. He will satisfy himself that the amounts for which he makes requisition are not excessive and he will be responsible for the proper and economic use of all supplies issued to him. He will give memorandum receipts to the Quartermaster covering all non-expendable property in his ward. This should include both property furnished by the United States Government, by the Red Cross, or received from the French Service de Santé. The ward surgeon will have all such non-expendable property checked once a month by his wardmaster.

The ward surgeon will see that all poison and habit-forming drugs, when necessarily present in his ward, are kept in a secure place and he will be responsible for the adoption of all necessary measures to prevent any improper use of the same.

Upon the death of a patient, the ward surgeon will immediately cause the Registrar to be notified of the same and the Registrar in turn will transfer the information to the Quartermaster, the Pathologist and the Chaplain.

The ward surgeon will see that the duties assigned in accordance with the terms of these regulations to his assistants, to the nurse in charge, the assistant nurses, the wardmaster, and the orderlies, are properly performed, and he will coordinate all the activities of the

nursing and enlisted personnel. He will exact of all patients a strict compliance with the requirements both of general military discipline and of all orders and regulations promulgated from Post Headquarters or by himself. He will see to the proper policing of all parts of the ward and he will require of patients neatness and orderliness at all times. He will hold himself responsible for the proper professional care and treatment of all patients in his ward. All orders concerning such treatment which are given by the Chiefs of Sections will in every instance, except those of pressing emergency, be given either verbally or in writing to the ward surgeon, or one of his assistants, and by him transmitted to the nurse in charge.

The ward surgeon, or one assistant in each ward, will routinely be present in his ward when dinner and supper are served to patients, provided he is on the Post and is not engaged in professional or official duties which take him elsewhere. He will also visit his ward at least once between the hour when lights are extinguished (hereinafter specified) and 4.00 A.M. This for the purpose of seeing that regulations regarding lights are enforced and that all patients are in bed.

He will be held responsible for the proper keeping of all records pertaining to patients in his ward, the proper completion of the same when the case is closed and their prompt transmission to the office of the Registrar. In this connection, all ward surgeons and assistants must familiarize themselves with those parts of the Manual of the Medical Department which relate to the administration conduct of wards and also to the records of cases which are required in accordance with the provisions of said manual.

### B—NURSE IN CHARGE.

The duties of the nurse in charge are confined to the carrying out of orders of the ward surgeon, so far as they relate to the professional care and treatment of patients. For the proper performance of this function, she will assign, under the direction of the ward surgeon, the assistant nurses under her to the performance of the necessary duties.

She will inform the chief wardmaster, or the wardmaster, immediately of any infractions of military discipline on the part of patients which come under her notice. She will indicate to the wardmaster the necessity for such professional treatment as is ordinarily accorded male patients in civil hospitals by orderlies, and the receipt by the wardmaster of such information from the nurse in charge relative to any patients, shall be held at all times to constitute an order from the ward surgeon in person to proceed with the treatment indicated. Such treatment includes the administration of enemas, catheterization, taking of rectal temperatures, etc., etc. Temperatures by mouth will in all instances be taken by nurses and not by enlisted men. In connection with this relationship between the professional duties of the nurse in charge and those of the wardmaster, it is to be understood by all concerned that no military authority over enlisted men vests in reserve nurses of the Army Nurse Corps.

The nurse in charge of each ward will prepare and transmit to the dietitian, not later than 4.00 P.M. daily, a list of the special and liquid diets ordered by the ward surgeon for patients in her ward for all meals of the following day.

The nurse in charge of each ward will be designated

from time to time by the commanding officer on recommendation of the chief nurse.

### C—CHIEF WARDMASTER.

The chief wardmaster is charged with the general supervision of the activities of all wardmasters and orderlies. He is an assistant to all ward surgeons and will be used by them to supervise the police and discipline of their wards and to give instruction, under their direction, to wardmasters and orderlies in the proper performance of administrative and professional duties which pertain to the latter.

He will not, in his capacity of chief wardmaster, be held to be possessed of any authority which in the slightest degree transcends that of the ward surgeons, nor will he give to wardmasters or orderlies upon his own initiative, any orders which are not in complete accord with the wishes of the ward surgeon, except as hereinafter specified. When, however, a written memorandum of instructions is sent by the commanding officer or adjutant directly to the chief wardmaster, the possession by him of such memorandum will be held to constitute an order from the commanding officer to ward surgeons and all other persons concerned, and its provisions will, therefore, be obeyed accordingly.

The chief wardmaster will report in person to ward surgeons all violations of military discipline or of police regulations of which he shall have become cognizant in relation to their wards.

He will make in person to the commanding officer or to the adjutant such reports and recommendations as shall have to do with the *general* policy of discipline and police in *all* the wards.

He will collect from each patient, when so desired by that patient one letter on Monday and one letter on Thursday of each week, and will transmit the same to the postmaster to be properly censored and mailed. He will also similarly collect five post cards per week from each patient. [This order was soon changed.]

He is charged with the duty of seeing that the authorized lights in and in front of each ward, as hereinafter specified, are lighted and extinguished at the designated hours.

He will accompany the commanding officer or the inspecting officer each morning at the daily inspection of the wards and the admission building.

### D—WARDMASTER.

The wardmaster, under the direction of the ward surgeon, is immediately responsible for the discipline and police of the ward of which he is in charge. He will obey all instructions given him by the chief wardmaster, which are not at variance with orders given him by the ward surgeon.

He will require of all patients in his ward a strict compliance with the dictates of military discipline, and he will take in emergencies all necessary measures to enforce such discipline, reporting his action as soon as possible to the ward surgeon or to the chief ward master. Cases of violation of military discipline, reported to him by the nurse in charge or an assistant nurse, will be dealt with by him at once if in the nature of an emergency, or will be reported by him to the ward surgeon or chief wardmaster, and should such violation of discipline have to do with the nurse herself, the wardmaster will take immediate and summary action

in the case, using all means at his command, and will make a complete report of the matter to the ward surgeon or chief wardmaster at the earliest opportunity.

He will also be responsible, under the supervision of the ward surgeon, for procuring from the kitchen and serving all full diets.

He will also be responsible for seeing that all patients are made acquainted with such portions of these regulations as apply to them as soon after their admission to the ward as shall be compatible with their physical condition.

Under the direction of the ward surgeon, he will assign the ward orderlies to the performance of the various duties.

The wardmaster will be designated by the ward surgeon from among the enlisted men assigned to duty in his ward and in making this selection, the ward surgeon will invariably designate as wardmaster the enlisted man who shall be of the highest grade,—for example, no private shall be assigned to duty as wardmaster when privates first-class are on duty in the ward, nor will a private first-class who has held that grade for a shorter time be designated as wardmaster of his ward when there is on duty in that ward a private first-class who has held the rank for a longer period.

### E—PATIENTS.

All patients admitted to wards will, without exception, be given liquid diet until such time as full, light, or special diet is ordered for them by the ward surgeon.

Patients will at all times be required by the ward surgeon to comport themselves in such manner as shall accord with the dictates of military discipline.

Ward surgeons are charged with the duty of seeing that all patients perform as much light duty as it is consistent with the most rapid possible recovery of their health. All convalescent patients who are allowed to be out of bed will, upon rising in the morning, be required to make up their beds according to prescribed methods. They will likewise be required to keep clean and to arrange neatly all their personal effects as prescribed by the ward surgeon, this particularly in preparation for the daily inspection.

Such patients as are physically qualified will be assigned in such numbers as may be necessary by the ward surgeon to police duty in his ward. All other patients who are physically qualified for duty in the kitchen or for light duty out of doors, under the direction of the police sergeant or other non-commissioned officer, will be sent each morning at Fatigue Call (7.50 A.M.) by the ward surgeon and under charge of the wardmaster or a ward orderly, to the office of the adjutant, by whom they will be assigned to specific duty for that day. In this connection, it is to be understood that the demands of the mess have first claim on the services of patients, except that patients from the venereal and tuberculosis wards will not be assigned to duty in the kitchen.

All patients who are able to be out of bed will be habitually clothed in the ward suits furnished by the Red Cross, and ward surgeons are charged with the responsibility of seeing that so far as the supply of these suits is adequate every convalescent patient in his ward is equipped with one of the same. These suits, as well as all other hospital clothing worn or used by each patient, will be either laundered or disinfected before being used by any other patient. At no time

and under no circumstances will any patient be allowed to have any portion of his military uniform so long as he shall remain in this hospital until it is time for him to clothe himself preparatory to his discharge from the hospital, except by special authority from the commanding officer.

Gambling and the introduction of beverages containing alcohol into the hospital buildings or grounds, on the part of patients, are strictly forbidden.

No patient will be permitted to leave his ward after supper at night except for the purpose of attending cinematographic representations or other forms of entertainment, and in such cases all patients from each ward shall go to such entertainment in charge of one of the orderlies on duty in that ward (to be designated by the wardmaster or the chief wardmaster) who will be responsible for seeing that such patients return to the ward immediately upon the close of the entertainment.

All patients will be in bed at the hour when lights in the wards are extinguished as hereinafter specified.

### F—VISITORS.

At no time and under no circumstances will visitors who are not physicians or surgeons be allowed in the wards, except by express authority of the commanding officer in writing.

### G—LIGHTS.

One light will burn in the gallery in front of each ward in which there are actually patients present from dark until 9.15 P.M. daily, except on such evenings as cinematographic representations or other forms of entertainment are being held which do not close until

after 9.00 P.M. in which case the aforementioned lights shall be extinguished at fifteen minutes after the close of such cinematographic representation or other entertainment.

One light in the office of the nurse in charge will be kept burning all night.

All other lights in the wards shall be extinguished at 9.15 P.M. daily except on evenings when cinematographic representations or other forms of entertainment are being held, in which case such lights in each ward shall be extinguished fifteen minutes after the close of said entertainment. Nothing in this paragraph shall be interpreted as forbidding the use of any light in toilets, halls, or rooms in any ward at such time during the night as the use of such light shall be deemed necessary by the ward surgeon, or by the nurse in charge, or by the wardmaster. The chief wardmaster is charged with the duty of carrying out all the provisions of this paragraph and when he is absent from the post on authorized pass or for any other proper reason, he shall designate the wardmaster on duty in any one of the wards who is of the highest grade to perform these duties in his stead.

### H—SMOKING.

Under no circumstances will patients who are able to be out of bed be allowed to smoke in bed. Ward surgeons may, in their discretion, however, designate a certain place (preferably the hallway, which in all wards separates the two ends of the building) where convalescent patients may smoke and will see that the necessary receptacles for cigarette ends, matches, etc., are provided. Patients confined to their beds may be granted permission by the ward surgeon to smoke in

bed in his discretion, but such permission must be always with the proviso that ashes, cigarette ends, matches, etc., are to be carefully deposited in containers placed on the bedside table for that purpose. Patients who abuse this privilege with reference to the use of tobacco, will have the privilege denied them by the ward surgeon. No smoking on the part of any patients will be permitted under any circumstances after the hour when lights are extinguished at night, or before reveille in the morning.

### I—OFFICERS' WARD.

A strict adherence to the terms of these regulations in the cases of officers sick in hospital is not required. Ward surgeons are authorized to give to officers such additional privileges as they may deem compatible with their rapid recovery.

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These regulations will be supplemented by additional memoranda issued from time to time as occasion may arise. All hospital orders, memoranda, or other rules and regulations heretofore issued, which are found to be in conflict with the provisions of this order, are hereby revoked.

### MEMORANDUM FOR DETACHMENT COMMANDER.

1. In view of the fact that recent changes in the Infantry Drill Regulations require that all enlisted men in ranks, armed with the rifle, come to the "Present Arms" during the national anthem or when "To the Color" is sounded, I am inclined to think that under

the same circumstances the hand salute should be required of all enlisted men in rank not under arms.

2. I shall endeavor to obtain an official opinion on this matter but until such opinion is obtained, I desire that all enlisted men of this command render the indicated salute, whether they be in ranks or standing individually, when at retreat the musician of the guard blows "To the Color."

MEMORANDUM FOR NURSES.

Nurses who danced with enlisted men at the St. Patrick's Day dance on the evening of March 18th will sign below.

(Note.) Eleven signed.

MEMORANDUM.

1. Hereafter no enlisted patients in this hospital will be allowed to leave that portion of the hospital grounds which is comprised within the inner enclosure, except by special written authority from the commanding officer or adjutant.

2. Patients who are allowed by their ward surgeons to be out of doors will not leave the immediate vicinity of their wards, except to go to cinematographic representations, etc., to the post exchange and to places such as the kitchen, bureau of surgical dressings, etc., where they have been assigned to duty. In all instances patients who have left their wards for any of the foregoing purposes will return to their wards immediately upon the completion of the entertainment, upon completion of the purchases which they are authorized to make in the post exchange, or upon completion of

the duty to which they may have been assigned in various parts of the hospital.

3. Patients will not be allowed to congregate or stand in or under the gallery. The spaces on the sides of the wards are the spaces which are to be used for out-of-door recreation by patients.

4. Ward surgeons are charged with seeing that their nurses in charge, wardmasters, and patients are made familiar with the provisions of this memorandum, and that a strict compliance with the terms thereof is required of all concerned.

(Note.) This order was soon changed and patients were allowed the freedom of the hospital grounds and frequent passes to Châteauroux.

MEMORANDUM.

1. Effective Tuesday, October 23rd, 1917, all Nurses will report daily at 10.30 A.M. (except Sunday) to the Director of Instruction for setting-up exercises for a period of thirty (30) minutes.

MEMORANDUM.

Information has been received to the effect that the supplies of paper will probably not be sufficient to meet all the demands. In view of this, hereafter all memoranda of an informal character, which pass between individuals of this post will, so far as possible, be sent upon paper which would otherwise be destroyed as waste paper. For example, official letters, which are no longer required for file, will be put aside and the reverse surfaces of the paper upon which such letters are written will be used for the memoranda, the subject

matter of the letter itself being crossed out with a stroke of the pen. Unused typewriter paper will not be used under any circumstances for these informal memoranda nor will it be used for requisitions. Requisitions may be submitted on pieces of paper cut from the ordinary scratch pad of size about 4″x8½″, if no waste paper as previously described is available.

### MEMORANDUM FOR CHIEF NURSE.

1. The routine administration of the detachment of reserve nurses, Army Nurse Corps, on duty at this hospital, is hereby and until further orders placed in the hands of the adjutant. The monthly assignment of nurses to duty will be made by him, daily and emergency changes in assignment of nurses to duty will likewise be made by him. Requests for late permission submitted by individual nurses will be submitted to the adjutant through the chief nurse, and will be accompanied by her recommendation.

Such permission will not, unless under exceptional circumstances, extend to a later hour than 11.00 P.M. The "Monthly Efficiency Report" of nurses will hereafter be submitted by the adjutant to the commanding officer. Requests for leave of absence on the part of nurses will be submitted through the chief nurse to the adjutant, but no such leave will be granted until the application therefor has been approved by the commanding officer.

### MEMO FOR CHAPLAIN BROWN.

Chaplain Raymond S. Brown will assume charge of the laundry.

MEMO FOR LIEUT. DUGDALE.

Police all outside
Police all toilets except nurses'
Police bathrooms, both buildings
Fatigue suits to be supplied as soon as obtained.
Toilet paper to be obtained from quartermaster.
No newspaper to be used in toilets or carried into them.

MEMORANDUM.

1. Lt. Edward Cussler is hereby detailed to see that all personal baggage of Base Hospital No. 9 is properly marked for identification and put ashore at port of debarkation.

MEMORANDUM.

1. The commanding officer learns, with no inconsiderable astonishment, that the practice obtains on the part of the chief wardmaster of going to the quarters of all ward surgeons early in the morning and waking them up in many instances to sign requisitions for their wards. Just how a ward surgeon can be sure that the articles for which he asks on these requisitions are actually needed in his ward, and how he can be sure that the supply which he has previously had was properly expended and not wasted, in his own quarters when he has presumably not visited his ward for several hours before, is not easily understood. Hereafter no ward surgeon will sign any requisition for supplies for his ward, except in the ward itself, and after a personal investigation as to the amount of supplies which are being daily consumed and as to the necessity for the

additional supplies for which he asks. In no other way can the principle of economy in expenditure of medical and surgical supplies, which has been so often and so forcibly urged upon all officers of this command as one of the prime military necessities if ultimate victory is to be assured, be carried out to complete realization.

2. Hereafter all requisitions for supplies for wards will be in the office of the chief wardmaster not later than 4.00 P.M. daily.

3. The chief wardmaster is charged with the duty of examining all such requisitions, and of returning those which have not been properly signed by the ward surgeon to the ward from which they have come. He is likewise charged with the duty of seeing that all requisitions which have been properly signed are in the office of the commanding officer not later than 4.30 P.M. daily. Such requisitions will then be examined and passed upon by the adjutant in the evening, and will be secured by one of the non-commissioned officers charged with the duty of the replenishment of ward supplies at 7.30 A.M. the following morning and distributed to the proper departments.

MEMORANDUM.

1. Beginning Tuesday, October 23rd, 1917, a daily inspection of this Hospital will be made by the commanding officer. This inspection will begin at or about 9.00 A.M. and will probably on the average consume approximately an hour.

2. The police officer and the first sergeant of the detachment will report to the commanding officer daily at 8.50, prepared to take part in this inspection.

3. For this inspection the officer of the day will be present at the guardhouse, the post exchange officer will be present at the post exchange, the detachment commander, or one of his assistants, in the barracks occupied by enlisted men; the chief nurse in the nurses' dormitories; the mess officer, or assistant mess officer, and the mess sergeant, in the mess building; each ward surgeon, or one of his commissioned assistants, in the ward to whose supervision he is assigned (unless the absence of such officer is interfered with by his professional duties): Sergeant Barbieri in the pharmacy, Sergeant Hart in the linen rooms and storerooms; Sergeant Sharwell in the quartermaster storehouse and Corporal Gelhaus at the garage. The chief orderly will be present at the inspection of all wards.

MEMORANDUM.

1. Effective January 1st, 1918, and until further orders, no assignments to duty and no changes in assignments to duty of officers, nurses, or secretaries, will be made except by the commanding officer, upon recommendation of the chiefs of section, the chief nurse, or the chief secretary, except in cases of urgent emergency, when the chief of a section or the senior one of his assistants then on the post may assign other officers of the same section to emergency duty, or may call upon the chief nurse for the immediate assignment of a nurse to such special emergency duty. Such action will be taken, however, only when it is impossible, to locate the commanding officer within a short period of time, and in all such cases such action will be reported to the commanding officer by the Chief of Sec-

tion concerned, or the Chief Nurse, for approval within twenty-four hours.

2. All assignments to duty and changes in assignments to duty of enlisted men will be made by the detachment commander, so far as the internal administration of the detachment itself is concerned, and by the detachment commander under instructions from the commanding officer or the adjutant for duties which do not constitute a part of the internal administration of the detachment. The detachment commander will not, however, in making assignments to duties which pertain to the internal administration of his detachment, relieve enlisted men from assignments to details not concerned with the internal administration of the detachment without authority from the commanding officer. None of the provisions of this paragraph shall be interpreted as applying to the enlisted personnel of the detachment of engineers now on duty at this post.

3. Hereafter and until further orders, the period of night duty for nurses and for enlisted men on duty in the wards will be one month. The chief nurse will submit to the commanding officer on the 25th of each month the names of the nurses whom she recommends for assignment to night duty for the ensuing month and the particular duty for which she recommends each nurse. Such recommendation will include the name of one nurse to act as night supervisor and such night supervisor shall superintend the routine activities of all nurses then on night duty. Similar details of enlisted men for night duty in the wards will be made on the 25th of each month by the detachment commander, under supervision of the commanding officer or the adjutant. Such details to become effective on the first day of the ensuing month.

MEMORANDUM FOR ADJUTANT.

I am going to have put on my door in the afternoons a big sign to the effect that I am busy. I have recently put up a sign to the effect that my office hours are in the kitchen building from 9.30 to 12.30. This means that in general I would like to have the officers see me at the kitchen between those hours on matters of official business and that I would like to be left free as much as possible in the afternoons until this accumulated mass of paper work is off my hands. This sign of "Busy" does not apply in any sense to you.

MEMORANDUM FOR DETACHMENT COMMANDER.

Instruct all your enlisted men that whenever they see Chinese patients running around the Hospital they are to nab them and take them back to their wards.

MEMORANDUM FOR CHIEF OF MEDICAL SECTION.

The commanding officer directs that hereafter whiskey be no longer used as a flavoring agent solely in egg-nogs.

MEMORANDUM FOR CHAPLAIN.

I would suggest that the cinematographic representations be held solely for the members of the Unit at seven-thirty each evening.

These are only a few but they are sufficient to remind the members of the Unit of the days of the "Memo."

# VIII.

## A SKETCH OF THE LABORATORY.

Prepared by Major Ralph G. Stillman.

The personnel of the laboratory as originally designed was planned to include two medical officers and a technician and two or three enlisted men. The chief of the laboratory was pathologist and bacteriologist while his assistant was a clinical pathologist. The technician was a stenographer who had had experience in the laboratory of the New York Hospital in histological technic. It was found that this staff was ample to carry on the ordinary work that was to be expected in the laboratory. There should have been included at least one statistical clerk, for there has proved to be so many demands upon the laboratory for reports and compilations that to fulfil them would have seriously crippled the work of the staff. It was impossible to obtain such clerks after the organization reached France. Special workers for special situations, e. g. wound bacteriologists for service in times of stress would probably better be not attached to individual organizations but sent wherever their services are needed most.

In addition to the equipment obtained by purchase and to a certain amount which it was possible to obtain from the Laboratory of the New York Hospital, there were fitted out three boxes of emergency equipment

whose contents were so selected that with these three boxes at hand it would have been possible to have set up a laboratory in any location and to have carried on the simpler and more urgent examinations of clinical pathology and bacteriology. These boxes were 9½" x 14½" x 31" external measurement and two of them were fitted with compartments to contain 8 oz "sterilizer bottles." The bottles contained sterile agar, broth and ascitic fluid, chemical reagents and solutions of dyes. Arrangements were made to have these boxes accompany the personnel of the unit should there arise the necessity to ship the general equipment separately.

In respect to equipment it is suggested that it would be far preferable in any future similar condition to have standard laboratory equipment cases devised for laboratories of different types and to have these far more extensive than anything existent in the Army prior to 1917. From the large amount of material which is now on hand it should be relatively easy to have a fairly large number of such outfits collected. Standard lists could be readily compiled from those already in use in the American E. F. and from the lists of apparatus which were submitted to the Director of Laboratories by the Base Hospital laboratories which came to France supplied with their own outfits. Regarding one item, that is microscopes, it would have greatly relieved the situation as it existed in France had the Government requisitioned the large numbers which are in the possession of the various medical schools in the United States. These could have been taken over as loans and returned at the expiration of the emergency. As it was, microscopes could not be purchased in the market and for a long time many of the laboratories were crippled by their lack in this respect.

On arrival at what proved to be the permanent station of the organization, a large light room was chosen for the location of the laboratory. This was not fitted up with laboratory furniture for some months and until it was ready the laboratory work was done in a similar room in the same building but without gas, water or drainage. The room selected was in the building in which the operating room and the X-ray and Dental departments were situated. The plan provided two rooms, a large one for the general laboratory work and a small one in which the officer in charge had his office and in which a certain amount of the work was to be done. Furniture, gas and water, electricity and drainage were installed by the detachment of engineers who were making the needed alterations on the place. Deficiencies in furnishings installed were due largely to difficulties in obtaining suitable material. For most purposes it was possible to devise more or less satisfactory substitutes. Tables and desks were made of green undressed lumber and covered with heavy linoleum which had been taken from the floors of the operating room. Sheet metal was unobtainable so that the autopsy table was covered with a layer of pitch and the table for the sterilizers covered with a layer of bricks. In both instances the substitute was satisfactory though certainly not ideal. A small cement-finished room behind one of the wards was selected for the autopsy room and fitted with water and light. It was rather awkward of access but offered advantages because of its seclusion. The general plan of the hospital and the geographical relations of the laboratory and autopsy room can be seen in the plan in this book. The distance from the laboratory to the autopsy room in a straight line is

about 125 yards. A small enclosed yard adjacent to one of the wards was utilized as an animal yard and an old chicken-house was fitted with small cages for rabbits and guinea pigs and placed in it.

Nearly all specimens were sent to the laboratory by an orderly or convalescent patient. Soon after patients began to be received, a form was posted in each ward and these regulations were pretty generally adhered to. Naturally as the hospital became busier and the medical officers became accustomed to the situation, the regulation as to the entry of orders for specimens in the Ward Order Book was not enforced. Slips were sent to the Laboratory for Wassermann reactions, blood counts and blood cultures and these specimens were collected by members of the laboratory staff. Cultures from the naso-pharynx for examination for the meningococcus were also taken usually by one of the laboratory staff but lumbar punctures, wound cultures and all such similar specimens were obtained either by the ward surgeon or the nurse. It was realized that there are many advantages in having such specimens obtained by the laboratory officer, especially wound and throat cultures, but such a procedure would have seriously reduced that officer's working time and under the circumstances it was felt that more could be accomplished by having specimens sent from the wards when possible.

Routine reports were distributed to the wards towards the close of the day's work. Where the need was urgent, that fact was indicated on the report blank and the report sent either by special messenger or by telephone as soon as the examination was completed. The hospital was furnished with a fairly complete telephone system, a very important

essential, especially where the plant is spread over so much ground.

The laboratory records were kept on duplicate report blanks in the usual way. The reports for the current month were filed alphabetically as they accumulated. At the end of the month they were divided into sections for the compilation of the monthly "Numerical Summary of Work Done" and then were filed alphabetically under the headings of each section.

The cooperation of the attending staff was not a problem at this hospital. This was probably due to the fact that the officer personnel as originally constituted was made up almost wholly of men connected with the same institution and well acquainted with each other in civil life. The addition of new officers to the staff was made so gradually that the tradition was hardly affected. The result was that occasional conversations secured full cooperation of any or all of the clinicians within such limits as the situation would permit at any given time.

## SERVICE RENDERED BY THE LABORATORY.

(1) The examinations in clinical pathology have formed numerically the largest bulk of the work. The laboratory was able to respond to all of the demands made upon it in this department, largely because, it is believed, the clinicians did not ask for examinations unnecessarily. Dark field examinations for the treponema pallida were not begun until November, 1918, as it was not until then that the apparatus was received.

(2) Anatomic pathology formed a relatively small portion of the work. Operative specimens were few in this service and for a large portion of the time the

department was without the services of an experienced histological pathologist. Sections were made from all of the autopsies and examined as the opportunity offered. It was possible to perform complete autopsies on the bodies of all patients dying in the hospital and in addition the laboratory was called upon to autopsy the bodies of those dying in accidents near the hospital and those dying in some of the Camp Hospitals and Camp Infirmaries situated near here. But few museum specimens were prepared because this hospital received very few patients that had been wounded recently.

(3) In bacteriology, the work was fairly heavy. Wound cultures played an important part during the past few months. There was no very great demand for throat and naso-pharyngeal cultures since no epidemic occurred in this vicinity. Cultures were made at autopsy with fair regularity. The typing of pneumococci obtained from the sputum was hindered by the difficulty in obtaining diagnostic serum in sufficient amounts. In the early part of the stay here a fairly large number of specimens of water were examined bacteriologically for organizations stationed in the Department of the Indre. Later it became clear that all of the natural water supplies were quite heavily contaminated and required treatment so that the requests for this work became less numerous. Supplies for making culture media were either brought to France by the organization or were obtained at the local slaughter house with little difficulty.

(4) Agglutination tests and blood grouping were infrequent examinations. There were very few cases of typhoid fever in this hospital, but the agglutination test would probably have been used more extensively had it been possible to obtain standardized emulsions for

the performance of comparative tests. The performance of the Wassermann reaction was not begun until March, 1918, but from that time on the laboratory served a fairly large territory. The number of tests done varied from 30 to 120 per week. Standardized antigen and amboceptor were furnished by the Central Medical Department Laboratory and sheep's cells obtained from the local slaughter house. The technic was a standard one adopted by the Central Laboratory. It is believed that this standardization is a highly desirable procedure.

(5) Practically no chemistry was called for. There have been two cases of diabetes in the hospital for which some little work was done but that is about all.

(6) The absence of epidemics in this locality aside from the two epidemics of influenza, made the amount of epidemiology practically nothing.

(7) Sanitary surveys were made of the hospital itself and the officer in charge of the laboratory acted as Sanitary Officer of the Post. On two occasions also the officer in charge of the laboratory assisted in sanitary surveys of neighboring camps.

(8) A small amount of material, chiefly reagents and therapeutic sera, was furnished to Camp Hospitals and Infirmaries in the vicinity. It was also possible to supply the Central Medical Department Laboratory with a small amount of the sugars.

(9) Few operative procedures were carried out by the laboratory staff. Salvarsan and therapeutic sera were administered by the ward surgeons though the latter were stocked by the laboratory. There was practically no call for animal inoculations except such as were necessary in the typing of pneumococci by the mouse method.

One of the chief difficulties in the general run of laboratory work was the irregular supply of fuel. The gas supply at this place was off daily from 12.30 to 5.30 P.M. and again at 10.00 P.M. Alcohol could often be obtained with difficulty and there were weeks when there was none at all to be had. Kerosene was usually to be had in such quantities as were necessary. The electric current was supplied continuously, but there were frequent threats that it might have to be shut off because of the shortage of coal. It should be noted that the alternating current in France is of 50 cycles instead of the 60 cycle current furnished in the United States. It should be noted also that the lamp socket used in France is a spring with a bayonet lock instead of a screw connection as used in the United States. Electrical apparatus therefore often had to be changed to meet the changed conditions. So far as could be learned, electrical current was available everywhere so that it would probably be more satisfactory to have heating appliances such as incubators and hot air sterilizers run by electricity instead of by gas or kerosene. Gasolene bunsen burners perhaps would be more universally applicable than those using either alcohol or kerosene.

## Section Two.

### (A) STATISTICAL DATA.

It is difficult to give accurate statistical data for the whole work of the Laboratory according to the headings on the Numerical Summary of the Laboratory Work Done since these forms were not issued until November, 1918, and prior to this time the record was kept according to a different classification which yields

very different numerical summaries, e. g., urinalysis was formerly classed as one examination while the present blank allows two, one for the chemical and one for the microscopic. The following figures are therefore approximate but are believed to be reasonably accurate:

| | | |
|---|---|---|
| Urinalyses | 6,980 | |
| Blood clinical pathology | 1,725 | |
| Total clinical pathology | | 11,000 |
| Autopsies | 140 | |
| Total anatomic pathology | | 185 |
| Wound cultures | 1,400 | |
| Total bacteriology | | 3,200 |
| Wassermanns | 1,875 | |
| Total serology | | 1,950 |
| Total chemistry | | 10 |
| Operative procedures | | 125 |
| Approximate grand total of all laboratory procedures September 1st, 1917, to December 31st, 1918 | | 16,470 |

During January and February, 1918, Major Elser carried on a bacteriological study of the cases dying with bronchopneumonia, especially those complicating measles. He was detached from this organization before he was able to finish the work and his results are not available here.

The only other special investigation undertaken was an attempt made to find out how many of the command were carriers of the hemolytic streptococcus in their throats. It was found that of 153 examined about one-third carried this organism.

### (B) PERSONAL DATA.

At the outset the officer staff consisted of Capt., later Major William J. Elser and 1st Lt., later Capt. Ralph G. Stillman, both of the Medical Corps. On February 14th, 1918, Major Elser was detached and ordered to the Central Medical Department Laboratory for duty. Capt., later Major Stillman became head of the laboratory and 1st Lt. R. H. Boots was sent here for duty. About April 1st Lt. Boots was detached and about April 20th Capt. Hubert V. Weihrauch of the Medical Corps was attached to the laboratory. This staff then remained unchanged until the first of December when 1st Lt. G. C. Kindler of the Medical Corps was sent here for duty when it was apparent that Major Stillman would soon be detached.

One woman, Miss N. D. Prey, remained attached to the laboratory throughout the entire period as a civilian employee. She served as technician and stenographer and when able also gave her time to the compilation of statistics that were required.

One enlisted man, a sergeant was attached to the laboratory from the outset. In December, 1917, a second sergeant was attached and these two with the occasional assistance from convalescent patients were able to handle the work until about in August, 1918, when, chiefly because of the increase in wound bacteriology, it became necessary to add two other enlisted men to the staff.

It was found comparatively easy to train intelligent enlisted men to perform most of the routine procedures of clinical pathology and it was the expressed opinion of several of the clinicians that blood counts were done more accurately here than they were usually done

in civil hospitals when carried out by junior internes. With time they were also trained to do a great deal of the bacteriology and the Wassermann reactions. The work asked for was thus carried out. If it had been possible to enlarge the staff more work could have been done, but it is our opinion that no essential procedure and few of those desirable were omitted.

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